



ADAMS COUNTY HEALTH DEPARTMENT

425 E MAIN, Ste. 700, OTHELLO, WASHINGTON 99344 (509)488-2031 - OR - 108 W. MAIN, RITZVILLE, WASHINGTON 99169 (509) 659-3316

SHORT PLAT APPLICATION

Name of Applicant/Owner Agent:

Phone# _____ Cell# _____
Email Address: _____
Mailing Address: _____

Legal Property Owner:

Phone# _____ Cell# _____
Email Address: _____
Mailing Address: _____

Proposed Name of Development

Total Land Area of Plat: _____ **Number of Lots Proposed:** _____

Parcel Number (s): _____ **Township:** _____ **Range:** _____ **Section:** _____

Legal Description of Property:

Site Location (Address):

Directions to Site:

Proposed Land Use for each lot:

Describe proposed water supply for each lot:

Distance to Public Sewer:

Prepare and Submit a Plan for the Development of the Property, drawn to scale, showing:

___ Boundary lines, easements and right-of-ways (existing and proposed), significant natural features, and vicinity sketch: include dimensions.

___ Drainage through the site(s): include natural drainages ways and/or irrigation drainage ways and easements.

___ Existing well(s) and piping on property and all wells within 150 feet of property.

___ Existing sewage disposal systems.

___ Existing dwelling units and relevant structures, i.e. houses, duplexes, garages, barns driveways, patios, swimming pools, etc.

___ Slope of the land: indicate slope with contour lines at five foot vertical intervals indicate each lot with a slope of the land; indicate each lot with a slope in excess of 10%.

___ Bodies of water on and within 150 feet of the property.

___ Sign and date plan.

I certify, by signature that I am either the fee simple owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for purpose of application evaluation, sewage inspection or any subsequent inspection.

I certify that all information contained in this application & plot plan is complete & accurate*

(Applicant's Signature)

(Date)

--Office Use Only--

Short Plat Review Fee: \$408.00 + \$31.00 per lot

Date Received: _____ Amount: _____ Receipt# _____