



**FINAL MINOR (SHORT) PLAT**

**CONDITIONS FOR APPROVAL:**

The **applicant** must show that the proposed use satisfies the following criteria for approval.

1. The final plat conforms with the conditions of approval for the preliminary plat.
2. The proposed lots are served with adequate means of access for vehicles, utilities, fire protection, drainage, water supply and means of sanitary sewage disposal.
3. The public use and interest will be served by permitting the proposed division of land.
4. A survey and legal description of the proposed lots are completed by a registered land surveyor and submitted to the City.
5. No existing building or structure is made sub-standard or non-conforming in any respect.

**SUBMITTAL:**

**FINAL MINOR PLAT FEE:                      \$330.00**

1. Please submit all of the items listed on the attached checklist.



Department of Community Development  
 Address: 152 W Cedar St.  
 Sequim, WA 98382  
 Phone: (360) 683-4908  
 Fax: (360) 681-0552  
 www.sequimwa.gov

**APPLICATION FOR A FINAL MINOR (SHORT) SUBDIVISION (4-LOTS OR LESS)**

<b>For Department Use Only:</b>	Application Number: _____
Application Fee of \$330.00	Associated Applications: _____
Receipt Number: _____	_____
Date: _____	Latecomer/DRCA: _____
Clerk: _____	Parcel No. _____

**1. APPLICANT/PROPERTY OWNER(S) INFORMATION:** *(if more than one owner, please attach additional sheets with names, owners, contact information and signatures).*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

	City		State	Zip
Phone: _____		Fax: _____		
Alt. Phone: _____		Email: _____		

**2. DESIGNATED CONTACT PERSON:** (The person who will receive and disseminate all correspondence from the City)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

	City		State	Zip
Phone: _____		Fax: _____		
Alt. Phone: _____		Email: _____		

Status: (Owner, Lessee, Agent, Etc.) \_\_\_\_\_

**3. PROPERTY:**

Address: \_\_\_\_\_

Zone: \_\_\_\_\_ Lot Size (Sq. Ft.): \_\_\_\_\_ Acres: \_\_\_\_\_

Legal Description: \_\_\_\_\_  
Please Attach Legal Description

**4. SURVEYOR:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

**5. ENGINEER:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Final Minor Subdivision Application Submittal Requirements Checklist

***\*\*\*It is the responsibility of the applicant to ensure that all submittal requirements listed below are turned in as part of this application. Incomplete applications will not be accepted by the City of Sequim Dept. of Community Development***

- A complete Final Minor Subdivision application with all required studies and submittal materials (\$330.00-fee). Projects involving construction of public infrastructure (streets, utilities, etc.) require a Developer Extension Agreement.
- A **copy** of the preliminary minor plat approval conditions.
- Copies of any existing and/or proposed deed restrictions or covenants.
- Maintenance agreements and proposed management entities responsible for tax payments and maintenance of common facilities (such as roads, stormwater facilities, open spaces, trails, parks, etc.)
- Any additional materials, as determined by the department during the final plat review.
- 18" x 24" or larger Minor Subdivision map prepared by a Washington State licensed and registered land surveyor, drawn at a horizontal scale of 50-feet or fewer to the inch depicting the following items:**
  - The name of the project.
  - Legal Description of the entire parcel.
  - Date, scale and north arrow.
  - Boundary lines, right-of-way for streets, private or public easements (their purpose) and property lines of lots.
  - Location of all open spaces.
  - Location of all utilities and other improvements, with accurate bearings, dimensions of angles and arcs, and all curve data describing the location of improvements.
  - Street (right-of-way) widths and names.
  - Lot acreage, dimensions and lot numbers.
  - The address for each lot.

*“The City of Sequim Department of Community Development may require additional information necessary for decision making purposes.”*

I certify that the above information is true and correct to the best of my knowledge and accept responsibility for all claims and damages which may be occasioned to any other land or persons by actions authorized by the City of Sequim in relation to this Minor Subdivision.

---

Owner(s)

---

Date

---

Representative(s)

---

Date