

APPLICANT

STAFF

Skamania County Community Development Department

Building/Fire Marshal • Environmental Health • Planning

Skamania County Courthouse Annex Post Office Box 1009 Stevenson, Washington 98648

Phone: 509-427-3900 Inspection Line: 509-427-3922

SHORT PLAT AMENDMENT/ALTERATION APPLICATION INTAKE CHECKLIST

(This form must be completed and submitted with all required documents for the application to be considered complete. Review will not begin on the project until all of the requirements below are submitted.)

Reviewed by		Complete: Yes No Date:				
		If the short plat is subject to restrictive covenants which were filed at the time of approval of the short plat and the application for amendment or alteration will result in the violation of a covenant, the application shall contain a written agreement signed by <u>all</u> parties subject to the covenants agreeing to terminate or alter the relative covenants to accomplish the purpose of the vacation.				
		Names and Addresses of all legal owners affected by the amendment or alteration. All persons with an ownership interest of lots, tracts, parcels, sites, or divisions in the amended or altered in the subject short plat or portion to be altered or amended must sign the application.				
		Amended Short Plat map. Two copies of the short plat showing the proposed amendment or alteration must be provided. Please highlight the area(s) to be amended or altered.				
		Complete Short Plat Amendment/Alteration application. A completed application signed by the owner of the property and a \$850 <i>non-refundable</i> fee (payable to Skamania County Treasurer). Fees are subject to change by resolution of the County Commissioners .				

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SHORT PLAT AMENDMENT/ALTERATION APPLICATION & INFORMATIONAL PACKET

What is a Short Plat Amendment/Alteration?

This process is used in the alteration or amendment of any short plat or the altering of any portion of a short plat including roads, right-of-ways, notes, and/or easements located within the short plat <u>and</u> created by the short plat.

The Process

- A complete application with necessary additional signatures must be submitted to the Community Development Department, along with a *non-refundable* fee of \$850 (payable to the Skamania County Treasurer). Fees are subject to change by resolution of the County Commissioners.
- 2. Notice of the proposed amendment or alteration to the short plat is issued to all adjacent property owners and local and state agencies with a twenty (20) day comment period.
- 3. An Administrative Decision is issued within 30 days of issuing the Notice of the Short Plat Amendment or Alteration. The Administrative Decision outlines all the requirements that must be completed before the amended or altered short plat may record.
- 4. Applicants have six months from the date of the Administrative Decision to complete the project.
- 5. See Skamania County Code 17.64.242 for additional information

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SHORT PLAT AMENDMENT/ALTERATION APPLICATION

(Please complete application in ink)

Applicant: Address: Home: () Work: () Property Owner: E-mail: Address: Home: () Work: () Property Owner: E-mail: Address: Work: () Location of Property: Tax Lot/Parcel # Zoning: Short Plat Name: Amending/ Whole If this is a partial short plat amendment or alteration describe below the portion you are proposing to vacate and highlight on your attached short plat copies. Check all that apply to your parcel: Sensitive Habitat Area Streams, Creeks, Rivers Geological Hazard Areas Steep Slopes List the parcels that may be affected by this proposal: Write a narrative describing the reason for this short plat amendment or alteration proposal: I certify that the information given above is true and complete to the best of my knowledge. Applicant signature(s): Date: Owner signature(s): Date: Owner signature of the property owner(s) authorizes the Community Development Department and other Agency personnel reasonable access to the site in order to evaluate the application. Signatures, names, addresses of owners of all other properties involved in this short plat vacation proposal must be provided on the attached page. Attach additional sheets if necessary. FOR DEPARTMENT USE ONLY Legal description attached: Yes / No Date:								
Work: () Property Owner: E-mail: Address: Home: () Location of Property: Tax Lot/Parcel # Zoning: Short Plat Name: Amending/ Whole If this is a partial short plat amendment or alteration describe below the Alteration: portion you are proposing to vacate and highlight on your attached short plat copies. Check all that apply to your parcel: Streams, Creeks, Rivers Sensitive Habitat Area Streams, Creeks, Rivers Sensitive Habitat Area Streams, Creeks, Rivers Steep Slopes List the parcels that may be affected by this proposal: Write a narrative describing the reason for this short plat amendment or alteration proposal: I certify that the information given above is true and complete to the best of my knowledge. Applicant signature(s): Date: Owner signature(s): Date: Signature of the property owner(s) authorizes the Community Development Department and other Agency personnel reasonable access to the site in order to evaluate the application. Signatures, names, addresses of owners of all other properties involved in this short plat vacation proposal must be provided on the attached page. Attach additional sheets if necessary. FOR DEPARTMENT USE ONLY Legal description attached: Yes / No Date complete	Applicant: E-mail:							
Property Owner: E-mail: Address: Home: () Location of Property: Tax Lot/Parcel # Zoning: Short Plat Name: Amending/	Address:	Home: ()						
Address: Home: () Work: () Location of Property:		Work: ()						
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Tax Lot/Parcel # Zoning: Short Plat Name: Amending/		Work: ()						
Short Plat Name: Amending/	Location of Property:							
Amending/	Tax Lot/Parcel #	Zoning:						
Alteration:	Short Plat Name:							
Sensitive Habitat Area	Alteration: portion you are proposing to vacate and highlight on your attached short							
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Legal description attached: Yes / No Date received Date complete		3						
Date received Date complete		VILIAL COL CIALL						
·	3 1	Date complete						
Receipt #	Receipt #	File #						

Additional signatures: All persons with an ownership interest in the property on which the land use action is proposed must sign the application other than interests exclusively limited to ownership of the parcel's mineral rights. Attach additional sheets if needed.

	Signature	Name (printed)	Address	Tax Parcel Number
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Any information submitted to Skamania County Community Development Department is subject to public records disclosure law for the State of Washington (RCW Chapter 42.17) and all other applicable law that may require the release of the documents to the public.