City of Soap Lake PO Box 1270 Soap Lake WA 98851
509 246-1211 Fax 509 246-1211 cityofsoaplake.org

SHORT PLAT

Name _____

Mailing Address _____ Phone _____

☐ **Owner** ☐ **Purchaser** ☐ **Lessee** ☐ **Other** **Current Zoning**_____

Property Address _____

Subdivision Name _____ Parcel # _____

Contact _____ Phone _____ Blk/Lot # _____

Address _____

Owner _____

Address _____ Phone _____

LEGAL DESCRIPTION

NOTICE

ATTACH a drawing showing the proposed short plat together with roads, utility service lines and lot dimensions. Also list any special circumstances or conditions applying to the land, buildings or use.

A survey showing the short plat together with roads, utility service lines, easements and other required information must be provided prior to final approval.

I declare, under penalty of perjury, under the laws of the State of Washington that I have read the application and attachments and have personal knowledge of all facts contained herein and believe the same to be true and correct and that I have the right to sign this application.

_____ _____ _____

Owner/Agent Signature Print Name Date