



SUBDIVISION APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Application # _____

Binding Site Plan (Commercial Plat) Boundary Line Adjustment

Fee Simple Unit Lot

Formal Plat

Short Plat

Job Site Address _____

Name of Plat _____

Description of Proposal _____

CONTACT INFORMATION

CONTACT

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

Contact Name _____

Ph _____ Fax _____

E-mail _____

APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

Land Use Data (complete the following):

1. Total Acreage _____

2. No. of Lots (total) _____

3. No. of New Lots Proposed _____

4. Dwellings per Gross Acre _____

5. Minimum Lot Size _____

6. Maximum Lot Size _____

7. Average Lot Size _____

8. Land Area in Streets _____
(or Access Tract)

9. Land Area in Open Space _____

10. Land Area in Park _____

11. Zoning _____

12. Comp Plan _____

13. Date of Prel. Plat Approval _____

14. AFN No. _____
(for preliminary plat conditions of approval)

15. Concurrent PUD? _____ Yes _____ No

Project Site Information:

- 1. Lot Size in: Square Feet _____ In Acre(s) _____
- 2. Existing Site Zoning: _____
Adjacent Zoning North of Site _____ South of Site _____
Adjacent Zoning East of Site _____ West of Site _____
- 3. Existing Site Comprehensive Plan Designation _____
Adjacent Designation North of Site _____ South of Site _____
Adjacent Designation East of Site _____ West of Site _____
- 4. Present Land Use: _____
North of Site _____ South of Site _____
East of Site _____ West of Site _____
- 5. Number of New Lots Proposed: _____
- 6. Type of Future Use Proposed (Residential, Commercial, Industrial): _____
- 7. New Lot Information (*for more than four lots, attached separate sheet*):

Lot No.	Size in Sq. Ft.

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Owner / Agent _____ **Date** _____

Print Owner / Agent _____ **Date** _____

OFFICE USE ONLY

Received By _____ Date _____

Application Fee \$ _____ Date _____ Receipt Number _____

DECLARATION OF OWNERSHIP

I / we, the undersigned, declare that I / we are the owner(s) of the land described in this subdivision application, and I / we further declare that I / we have no objections to the proposed division of land and that there are no other persons having an ownership interest in this property except for purposes of financing or as otherwise reflected in the current title report. *(Use additional sheets if necessary)*

Dated this _____ day of _____ 20_____.

Signature of Owner of Record

Signature of Owner of Record

Printed Name

Printed Name

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

On this _____ day of _____ 20_____, _____ and _____ personally appeared before me and executed the foregoing instrument and acknowledged to me that he/she/they signed the same as his/her/their voluntary act for the use and purposes therein mentioned.

In witness whereof, I have set my hand and affixed my official seal.

Notary Public in and for the State of Washington

Residing at _____ My Commission Expires: _____

CONTACT INFORMATION

PLEASE INSERT INFORMATION FOR ALL CONTRACTORS OR CONSULTANTS, AS APPLICABLE

LANDOWNER	
Name _____	
Address _____	
City _____ State ____ Zip _____	
Ph: _____ Fax _____	
E-mail _____	

LANDOWNER	
Name _____	
Address _____	
City _____ State ____ Zip _____	
Ph: _____ Fax _____	
E-mail _____	

ARCHITECT	
Name _____	
Address _____	
City _____ State ____ Zip _____	
Phone _____ Fax _____	
E-mail _____	

CIVIL ENGINEER	
Name _____	
Address _____	
City _____ State ____ Zip _____	
Phone _____ Fax _____	
E-mail _____	

SURVEYOR	
Name _____	
Address _____	
City _____ State ____ Zip _____	
Phone _____ Fax _____	
E-mail _____	

OTHER	
Name _____	
Address _____	
City _____ State ____ Zip _____	
Phone _____ Fax _____	
E-mail _____	