



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
 Mailing address: 216 Prospect Street
 Port Orchard, WA 98366
 (360) 874-5533 · permitcenter@cityofportorchard.us

FINAL PLAT ALTERATION or VACATION APPLICATION

<i>For Staff Use Only</i>	File #:	Receipt #:
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Incomplete Application Will Not Be Accepted

<u>1. PROPERTY INFORMATION.</u>			
General Location of Property:			
Nearest intersection:			
Section:	Township:	Range:	
<u>2. PROJECT INFORMATION.</u>			
APPLICATION TYPE:		<input type="checkbox"/> Final Plat Alteration	<input type="checkbox"/> Final Plat Vacation
Final Plat File Number:			
Subdivision Name:			
Total property area:		sq.ft.	Number of lots:
Average Lot size:		sq.ft.	Smallest lot area: sq.ft.
Proposed Access:			
Building Type: <input type="checkbox"/> DETACHED HOUSE <input type="checkbox"/> ATTACHED HOUSE <input type="checkbox"/> BACKYARD COTTAGE <small>POMC 20.32</small> <input type="checkbox"/> COTTAGE COURT <input type="checkbox"/> DUPLEX: BACK TO BACK <input type="checkbox"/> DUPLEX: SIDE BY SIDE <input type="checkbox"/> FOUR-PLEX <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APARTMENTS			
List the number of units by Building Type:			
<u>3. SUBMITTAL REQUIREMENTS.</u>			
<i>Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.</i>			
This application shall include the items listed below unless specifically waived by DCD.			
Check the box for each item included with this application:			
<input type="checkbox"/> The Master Permit Application Form, completed.			
<input type="checkbox"/> Alteration/Vacation of Final Plat Application (<i>this form</i>), completed:			
<input type="checkbox"/> Include original signed and notarized Owner Statement (<i>page 3 of this application</i>)			
<input type="checkbox"/> Statement of the reason(s) for the proposed alteration or vacation.			
<input type="checkbox"/> A Title Report, dated within thirty (30) days of the date of this submission, confirming that the title of lands described and shown in the plat is in the name of the owner(s).			
<input type="checkbox"/> Drawings of the proposed plat alterations, 18" x 24" or larger.			
<input type="checkbox"/> The recorded plat with all amendments, 18" x 24" or larger.			
<input type="checkbox"/> Mailing labels for all owners of property within the plat boundaries.			
<input type="checkbox"/> Must be in MS Excel format.			

3. SUBMITTAL REQUIREMENTS. (Continued)
<input type="checkbox"/> An Agreement signed by all parties agreeing to terminate or alter any relevant covenants, if the alteration or vacation would result in the violation of existing restrictive covenants.
<input type="checkbox"/> A Signed Statement with Original Signatures of the majority of the persons having an ownership interest in the lots, tracts, parcels, sites or divisions in the subdivision, agreeing to the proposed alteration or vacation as submitted with this application. The statement must include:
<input type="checkbox"/> The name, address and phone number of each owner.
<input type="checkbox"/> Date signed by each owner.
For an Alteration to a Final Plat, also include:
<input type="checkbox"/> A Statement addressing POMC 20.96.040(2)
<input type="checkbox"/> Include a MS Word version in addition to the PDF.
For Vacation of a Final Plat, also include:
<input type="checkbox"/> An acknowledgement that if any street is included in the application for a Vacation, the Applicant shall be required to pay the amount contemplated in RCW 35.79.030 if the vacation is granted.
<input type="checkbox"/> A Statement demonstrating that a partial vacation will not violate the terms of subdivision approval of this chapter if the vacation is for a portion of the short plat.
<input type="checkbox"/> A Statement addressing POMC 20.96.050(2)
<input type="checkbox"/> Include a MS Word version in addition to the PDF.

Other documentation may be required in addition what is listed above.

OWNER

1. SELECT THE APPROPRIATE STATEMENT:

- I affirm that the property affected by this application is in my exclusive ownership.
- I affirm that the property affected by this application is not in my exclusive ownership. This application is submitted with the consent of all owners of the affected property.

2. IF AN AGENT IS SUBMITTING THIS APPLICATION ON YOUR BEHALF, complete this verification statement:

As the record owner of the property listed above, I authorize _____, as my Authorized Agent to submit this application on my behalf.

3. OWNER'S SIGNATURE TO BE WITNESSED BY NOTARY:

The application as completed is true and correct to the best of my knowledge.

Signature of Owner (Must be notarized)

Print Name of Owner

Date

STATE OF WASHINGTON)
) SS
COUNTY OF KITSAP)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the
State of Washington, residing at

My appointment expires:
