



# 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

### ALTERATION to or VACATION of a FINAL SHORT PLAT

<i>For Staff Use Only</i>	File #:	Receipt #:
---------------------------	---------	------------

***Incomplete Application Will Not Be Accepted.***

<b><u>1. APPLICATION TYPE.</u></b>		
<input type="checkbox"/> Final Short Plat Alteration	<input type="checkbox"/> Final Short Plat Vacation	
<b><u>2. PROPERTY INFORMATION.</u></b>		
General Location of Property:		
Nearest intersection:		
Section:	Township:	Range:
<b><u>3. PROJECT INFORMATION:</u></b>		
Short Plat Name:		
Total property area:	sq.ft.	Number of lots:
Average Lot size:	sq.ft.	Smallest lot area: <span style="float: right;">sq.ft.</span>
Proposed Access:		
<b>Building Type:</b> <i>POMC 20.32</i>	<input type="checkbox"/> DETACHED HOUSE <input type="checkbox"/> COTTAGE COURT <input type="checkbox"/> FOUR-PLEX	<input type="checkbox"/> ATTACHED HOUSE <input type="checkbox"/> DUPLEX: BACK TO BACK <input type="checkbox"/> TOWNHOUSE
<input type="checkbox"/> BACKYARD COTTAGE <input type="checkbox"/> DUPLEX: SIDE BY SIDE <input type="checkbox"/> APARTMENTS		
Number of Units by building type:		
<b><u>4. SUBMITTAL REQUIREMENTS.</u></b>		
<i>Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.</i>		
<b>Check the box for each item included with this application:</b>		

This application shall include the following unless specifically waived by DCD:

- The Master Permit Application Form**, completed.
- Alteration to or Vacation of Final Short Plat application** (*this form*), completed.
  - Include the **original** signed and notarized Owner Statement. (*page 2 of this form*)
- A Title Report**, dated within thirty (30) days of the date of this application submission, confirming that the title of lands described and shown in the plat is in the name of the owner(s).
- A Statement of the Reason(s) for the Proposed Alteration or Vacation.**
- The Recorded Short Plat with All Amendments.**
  - Ability to print to scale at 18" x 24" or larger.
- Mailing Addresses for All Owners Of Property within the Plat Boundaries.**
  - Must be in MS Excel format.
- 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.
- 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:
  - The name, address and phone number of each owner.
  - Date signed by each owner.

**For an Alteration to a Final Short Plat, also include:**

- A Statement Addressing POMC 20.96.040(2).**
  - Include a MS Word version in addition to PDF.
- Plat Map** showing the proposed short plat alterations.
  - Ability to print to scale at 18" x 24" or larger.

**For a Vacation of a Final Short Plat, also include:**

- 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.
- 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.
- A Statement Addressing POMC 20.96.050(2).**
  - Include a MS Word version in addition to PDF.

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

**OWNER**

**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.

**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.

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:

\_\_\_\_\_