



ADAMS COUNTY PLANNING DEPARTMENT

449 E CEDAR BLVD

OTHELLO, WA 99344

PHONE: 509-488-9441

GENERAL LAND DEVELOPMENT APPLICATION

What are you requesting:

- checkbox Appeal (File # of item appealed: _____)
checkbox Binding Site Plan
checkbox Boundary Line Adjustment / Lot Consolidation
checkbox Comprehensive Plan Amendment
checkbox Conditional Use Permit
checkbox Critical Areas Determination/Review Reasonable Use Determination
checkbox H2A Farm Worker Housing (Zoning Review)
checkbox Other _____
checkbox Lot Segregation Request
checkbox Planned Residential Development (PRD)
checkbox SEPA – Environmental Checklist
checkbox Shoreline Permit – Various
checkbox Short Plat
checkbox Subdivision (Long Plat) – Use Long Plat App
checkbox Variance
checkbox Zone Change (Rezone)

Parcel Information:

Existing Parent Tax Parcel Number(s): (1) _____
(2) _____ (3) _____

Site Address or Frontage Road Name: _____

Public Road ___ Private Road ___ Private Driveway ___ Auditor’s Recording # _____

Legal Description: Section _____ Township _____ Range _____ Farm Unit _____ Block _____

Note: If you are requesting a Boundary Line Adjustment (BLA) you must attach both a “before” legal description, as it is now, and “after” legal description(s), as you are proposing them to be.

Total EXISTING Acreage: _____

NEW Lot(s) Size(s): Lot 1 _____ Lot 2 _____ Lot 3 _____ Lot 4 _____ Other _____

Property (Legal) Owner(s): _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ E-Mail: _____

I certify that, as owner(s) or authorized agent, have examined this document and state that the information contained in it and submitted by me or my agent to compile said document is true and correct. I authorize the Adams County Assessor’s Office and the Adams County Planning Department to proceed with processing this request. In addition, I have read and understand the provisions contained herein and agree to comply with them. I understand that the issuance of this exemption is not intended to verify that adequate provisions have been made for drainage ways, potable water supplies, roads and sanitary wastes. Any subsequent approval based on this exemption shall not be construed to give authority to violate or cancel the provisions of any state or local law.

Signature of Owner(s): _____

*If there are additional owners, please include an attached list with information and signatures. If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below, showing that the person signing has the authority to sign on behalf of the company.

Authorized Agent(s): _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Phone #: _____ E-Mail: _____

Signature of Agent(s): _____

** If the owner wants the county to work with an agent, we require an Agent Authorization form to be completed and attached to the application. This gives the agent authority to act on behalf of the property owners for this project. This can be found on the Adams County Building and Planning website, under the forms section.

Entity Signature Block (If applicant or legal owner of the property is a Corporation, Partnership, Trust or LLC, use the following signature block):

Applicant/Legal Owner: _____ Title: _____

Signature: _____ Date: _____

The above signed officer of _____ (name of entity) warrants and represents that all necessary legal and corporate actions have been duly undertaken to permit _____ (name of applicant) to submit this application and that the above signed officer has been duly authorized and instructed to execute this action.

Land Surveyor (if different than Applicant) Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Cell: _____ Work: _____

Additional Parcel Information:

Present Use of Property: _____

Give Detailed Explanation for Request: _____

Access: County Road State Road / Highway Private Road

Utilities: Power: Avista Big Bend Electric

Sewer: Septic

City/Private System – Name/Contact # _____

Water: Private Well

Private System – Name/Contact # _____

City System – Name/Contact # _____

Irrigation

Additional Information: _____

