

**SHORT PLAT EXEMPTION – BOUNDARY LINE ADJUSTMENT
(Pursuant to ZMC Chapter 17)
CITY OF ZILLAH, WASHINGTON**

FILE NUMBER: _____

1) FEES: \$150

Date paid: _____

Boundary Line Adjustment Fee: \$150 plus Staff, Consultant & Professional Fee's if over the initial fee.

Staff, Consultant and Professional Fees. Application and processing fees for land use matters are subject to additional costs incurred by City in excess of filing fee related to staff, consultant and professional time and charges related to the review and processing of the land use or permit application. Such charges shall be calculated as follows:

(a) Staff Review and Charges. The fee schedule contemplates routine time requirements for staff review and processing of a land use or permit application. Some applications will require additional staff time and cost. If, in the opinion of the City Clerk, a particular application will require staff time in excess of what the fee anticipates, the City may require payment for staff time at the specified rate.

(b) Consultant and Professional Review. In the event that a project requires professional services beyond that which is included in the base fee, the applicant shall reimburse the City for the actual cost of said professional services. In addition to the application fee (including staff review charges), any applicant for land use or permit approval shall reimburse the City for costs, including but not limited to, professional engineers, mailing fees, advertisement fees and other consultants and/or professionals contracted or retained by the City to review, evaluate and/or inspect applicant's proposal when the City is unable to do so with existing staff resources. By way of illustration and not limitation, these professional services may include engineering and technical review, legal review, planning review, environmental review, critical areas review, financial and accounting review, soils review, and mechanical and structural engineering review.

(c) Deposit. City may require the applicant to deposit an amount determined by City as reasonable estimate for anticipated excess costs and charges related to review and processing of the application. Such estimate may be revised periodically based on the judgment of City staff. Such deposit shall be made as a condition to further processing of the land use or permit application.

2) OWNER INFORMATION:

Owner Name:	Mailing Address:	
Property Address, if any:	Phone # 1	Phone #2

3) LOT LINE ADJUSTMENT INFORMATION:

Legal Description (attach if necessary):			
Section	Township	Range	¼
Zoning:	Acres:	Total No. of lots:	
Assessor Parcel Number(s):			
Are any new lots being created with this Lot Line Adjustment?			
Will affected parcel meet minimum Zoning requirements? If not are any of the existing lots being further reduced due to this application?			
Do all the affected parcels have adequate drainage, water supply, sanitary sewer, solid waste disposal, access for vehicles, utilities, fire protection?			
Types of easements needed: <input type="checkbox"/> sewer <input type="checkbox"/> water : <input type="checkbox"/> egress/ingress <input type="checkbox"/> other utility			

4) SHORT PLAT EXEMPTION MAP AND EXISTING AND NEW LEGAL DESCRIPTIONS: A map of the Short Plat Exemption is required at the time that this application is submitted. The map must show the entire lot or lots that are being modified, show existing and new lot lines with all lot dimensions and show existing and new legal descriptions of the lot lines.

5) IMPORTANT – PLEASE READ

The application and any attachments shall specify the issues which are being asked to be considered. Issues unrelated to the application may not be considered by Planning Commission and City Council. All provisions of laws and ordinances governing the application will be complied with whether specified herein or not.

6) DECLARATION: *I/WE DECLARE UNDER PENALTY OF THE PERJURY LAWS THAT THE INFORMATION I/WE HAVE PROVIDED ON THIS SHORT PLAT EXEMPTION APPLICATION IS TRUE, CORRECT, AND COMPLETE.*

Signature(s) _____
Date

Print Name(s) _____
Phone Number, if different than above

Signature(s) _____
Date

Print Name(s) _____
Phone Number, if different than above

Application Received by: _____	Date: _____
Letter to Complete the Application sent, Date: _____	
Application <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved for Completeness,	Date: _____