



City of Edgewood
 2224 104th Avenue East
 Edgewood, WA 98372-1513
 Phone (253) 952-3299 Fax (253) 952-3537

SHORT PLAT/SUBDIVISION APPLICATION

Application Number: _____ Fee Amount: _____

Project Manager: _____ Related File(s): _____

Applicant: _____ Telephone: _____

Status of Applicant (i.e., owner, agent, etc.): _____

Mailing Address: _____ Zip: _____

Site Address (if any) _____

Zoning of Site: _____ Critical areas on the site? yes no

Total Acreage to be Divided: _____ Number of Lots Proposed: _____

Source of Water: _____ Method of Sewage Disposal: _____

Fire District: _____ Other Utilities (list): _____

List the legal owner(s) for each lot and all parties holding a financial interest in the properties. Submit documentation to the City that all property owners agree to the proposed subdivision.

Pierce County Tax Parcel #: _____

Legal Owner or Party of Interest: _____

Mailing Address: _____ ZIP _____

Phone: _____

I, _____ being duly sworn, declare that I am the contract purchaser, agent or owner of the property involved in this application, and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Date: _____ Signature: _____

Subscribed and sworn to before me this _____ day of _____, 19____.

 Notary Public in and for the State of Washington, residing at _____
 Commission Expires _____.