



Short Plat # _____
Plat Review: \$400 + \$50/lot
Mylar Review: \$100 + \$20/lot

CITY OF CHELAN

APPLICATION FOR THE APPROVAL OF A SHORT SUBDIVISION

This information is required by the Subdivision Code of the City of Chelan Chapter 16.36 as it applies to Short Subdivisions in the City. All of the information requested below must be provided in the form requested.

- A) A maximum of four (4) lots may be created by this application.
- B) Any land that was a part of any short subdivision made within the past five (5) years may not be included as a part of this application.
- C) The application must include the legal description of the area being subdivided and each proposed lot.
- D) The application must include all of the items required by section 16.36.040 of the Subdivision code including but not limited to (1) a survey; (2) surveyor name and seal; (3) names of all parties involved; (4) all boundary lines and dimensions; (5) the location of roads, easements, natural features, water and sewer systems; (6) the location of the proposed building areas; (7) adjacent property lines and features of adjacent properties.

A draft plat or blue line copy of the Mylar may be presented for review purposes. Prior to final approval, all required information must be included on a stable Mylar with a scale of 100 feet to the inch or a scale approved by the administrator of this title. The information provided below must include all persons holding interests in the lands being subdivided.

Applicant: _____

Mailing Address: _____

Telephone: _____

Present Zone: _____

Location of Property (including section, township and range): _____

Proposed water supply: _____

Proposed sewer disposal method: _____

The Statement of Consent and Waiver of Claims, Acknowledgment, surveyors seal and signature, City Administrator's signature, and any signatures for recording must be placed on the Mylar that is presented for recording.

NOTE: ALL FEES ARE THE RESPONSIBILITY OF THE APPLICANT. THIS INCLUDES THE FILING FEE, THE RECORDING AND COPYING FEES, AND THE ACTUAL COSTS INCURRED FOR STAFF AND ENGINEERING SERVICES FOR REVIEW AND INSPECTION OF SHORT PLATS.

**CITY OF CHELAN
CRITICAL AREAS REVIEW CHECKLIST**

Completion of this environmental review checklist shall be required prior to any development or other alteration in or within 250' (two hundred and fifty feet) of any known or potential Critical Area in the City of Chelan or its UGA. An application submitted for any use or activity requiring a permit shall not be considered complete until this form has been completed, signed and placed in the project file. This checklist is not a substitute for an Environmental Checklist required under SEPA.

GENERAL INFORMATION—to be completed by the applicant when this checklist is submitted

Applicant		
Name:		
<input type="checkbox"/> Landowner <input type="checkbox"/> Owner's agent. If agent, landowner's name:		
Address:		
City:	State:	ZIP:
Phone:	FAX:	Email:
Site		
Address:		
Parcel Number(s):		
Zoning District:		

Brief description of project:

Please attach any information that will assist the City in its preliminary evaluation of the proposed alteration.

I hereby certify that I will pay all fees, if any, as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Applicant Signature _____ Date Submitted: _____

Print Name _____

Place Where Signed: _____, WA

FOR OFFICIAL USE ONLY

FINDINGS AND STUDY REQUIREMENTS—to be completed by the Administrator based on his or her preliminary evaluation

Administrator’s findings based on Preliminary Evaluation:

- (A) The proposed alteration is not located in or in such proximity to a Critical Area defined by Chapter 14.10 that it poses a threat to proposed development or to the health or safety of humans or the environment of the subject property or adjacent properties. No further study is required at this time.
- (B) The proposed alteration is in or adjacent to a Critical Area and is exempt from the requirements of the Critical Area Ordinance (Chapter 14.10). Nature of Exemption and code section:

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- (C) The proposed alteration is located in or adjacent to, or includes project actions that may affect, one or more Critical Areas, as indicated below:

- Wetland
- Critical Aquifer Recharge Area
- Fish and Wildlife Habitat Conservation Area
- Geologically Hazardous Area
- Frequently Flooded Area

Information source(s) used by the Administrator in his or her preliminary evaluation:

- City of Chelan generalized Critical Areas map
- Wetland map based on the NWI
- SWAP map
- PHS Maps or other maps based on current PHS data
- The Flood Insurance Study for the City of Chelan*
- Chelan County Soil Survey*
- Seismic Design Category Map for Residential Construction in Washington, Sheet 2*
- Other

The Administrator requires that the following information be provided:

- Critical area study for Wetlands
- Wetland identification and delineation
- Critical area study for Critical Aquifer Recharge Areas
- Hydrogeologic evaluation (required as part of Critical Area Study if the applicant is requesting that the City declassify or reclassify a specific area designated as a Critical Aquifer Recharge Area)
- Critical area study for Fish and Wildlife Habitat Conservation Areas
- Critical area study for Geologically Hazardous Areas

Note: no Critical Area Study is required for Frequently Flooded Areas; however, all development in such areas requires compliance with the City’s Flood Hazard Areas provisions (Chapter 15.10, CMC)

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CHECKLIST DOCUMENTATION—to be completed by the Administrator and signed by the Administrator and the applicant when all required information has been submitted and any permit conditions have been determined.

- Documentation of preliminary evaluation is attached
- Documentation of Administrator's findings supporting any exemption, exception, or waiver is attached
- Any required information (e.g., Critical Area Study) is attached
- Any permit conditions, including but not limited to requirements for mitigation, monitoring and reporting, or buffers, are attached

For the City of Chelan:

The attached information, including any required Critical Area Study, Administrative findings, and permit conditions, satisfies the intent of Chapter 14.10 related to the protection of Critical Areas, public and private property, and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____

Owner/Applicant: The information provided is the best information available concerning the location of Critical Areas as defined by Chapter 14.10. The proposed alteration and the mitigation proposed will, to the greatest extent possible, protect Critical Areas, public and private property and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____

OWNERSHIP CERTIFICATION

I, _____, hereby certify that I am the major property owner(s) or officer of the corporation owning the property described in the attached application. I also hereby certify under penalty of perjury under the laws of the State of Washington that this application and that the statements, answers, and information are in all respects true and correct to the best of my knowledge and belief. I have also familiarized myself with the rules and regulations of the City of Chelan

Property Address: _____ Project Desc.: _____

Mailing Address: _____

City and State: _____ Zip Code: _____

Phone: _____

Signature: _____

Date: _____

For: _____

Parcel No.: _____

(Corporation or company name)

ACKNOWLEDGMENT

State of Washington)

)

County of Chelan)

On this day personally appeared before me _____ to be known to be the individual described in and who executed the within and foregoing instrument and acknowledge to me that (*he, she, they*) signed the same as (*his, her, their*) free and voluntary act and deed for the uses and purposes therein mentioned.

NOTARY PUBLIC in and for the State of Washington

Residing in: _____

Date: _____

Other property owners included in this application must be listed below: (attach additional sheet if necessary)

Name: _____ Signature: _____

Address: _____ City/State: _____ Zip: _____