



City of Moxee

255 W Seattle ave, PO Box 249 Moxee, Wa 98936
Phone 509-575-8851 Fax 509-575-8852

SHORT PLAT APPLICATION COVER SHEET

SUBJECT PROPERTY INFORMATION

Parcel Number(s): _____ Property Address: _____
 A. _____
 B. _____
 C. _____ Zoning District: _____
 D. _____

Brief description of proposal: _____
 Legal Description: _____

Applicant Information: (Please Check Contact Person)

The property owner(s), by signing this form, state as true that they are the owner(s) of the property that is the subject of this application, have reviewed the proposal as presented in the application, and wish to pursue the change(s) in land use.

- Application (Property Owner):** _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): A B C D
 Address: _____ State: _____ Zip: _____
 Email: _____
Signature: _____ **Date:** _____
- Representative of Application (If any):** _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): A B C D
 Address: _____ State: _____ Zip: _____
 E-mail: _____
Signature: _____ **Date:** _____
- Property Owner (If different):** _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): A B C D
 Address: _____ State: _____ Zip: _____
 E-mail: _____
Signature: _____ **Date:** _____
- Property Owner (If different):** _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): A B C D
 Address: _____ State: _____ Zip: _____
 E-mail: _____
Signature: _____ **Date:** _____

If there are additional property owners, provide an attachment in the same format and with the same declaration



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PART II – APPLICATION INFORMATION

SHORT SUBDIVISION PRE-APPLICATION Original Amendment

1. COMPLETE THE FOLLOWING QUESTIONS

A. Will the lots be served by an existing City hard surfaced road?

Yes (Lots _____) No

If not: How do you propose to service the lots with Access to a hard surfaced road?

B. How do you propose to serve the lots with domestic water?

C. How do you propose to serve the lot with sewage disposal?

2. REQUIRED ATTACHMENTS:

SITE PLAN

OTHER as required by the City

(Staff Use Only)

Date: _____ Receipt #: _____ Reviewed By: _____ Project # _____