



City of Moxee

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

GENERAL APPLICATION FORM

For Land Use Actions

CHECK ALL THAT APPLY AND ATTACH THE APPROPRIATE SUPPLEMENTAL FORM(S)

<u>Zoning</u>		<u>Subdivision</u>	<u>Other</u>
<input type="checkbox"/> Level 1 Use	<input type="checkbox"/> Admin. Adjustment	<input checked="" type="checkbox"/> Exemption (SSE)	<input type="checkbox"/> Environmental Checklist
<input type="checkbox"/> Level 2 Use	<input type="checkbox"/> Variance	<input type="checkbox"/> Short Subdivision	<input type="checkbox"/> Appeal __HE__ City Council
<input type="checkbox"/> Level 3 Use	<input type="checkbox"/> Non-Conforming Use	<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Critical Areas
<input type="checkbox"/> Rezone	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Alteration/Vacation	<input type="checkbox"/> Plan/Dev Reg Map Ad
		<input type="checkbox"/> Subdivision Variance	<input type="checkbox"/> Plan/Dev Reg Text Ad
		<input type="checkbox"/> Subdivision (Long Plat)	<input type="checkbox"/> Develop. Agreement
			<input type="checkbox"/> Other _____

SUBJECT PROPERTY INFORMATION

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

Applicant Information: (Please Check Contact Person)

By signing this form, I hereby state as true that all ownership interests of the property have reviewed the proposal as presented in the application materials and support the proposed change(s) in land use.

Property Owner: _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): _____
 Address: _____ State: _____ Zip: _____
 Email: _____
Signature: _____

Agent/Contact Person (If different): _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): _____
 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

(Staff Use Only)

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



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SHORT SUBDIVISION EXEMPTION APPLICATION

The exemption application cannot be approved until the entire application fee is paid.

1. Name & Address of applicant or Authorized Agent: _____

Phone Number: _____

2. Name & Address of property owner(s) if other than applicant. (If more than one owner is involved in this exemption, give name and address of all owners of each parcel)

3. Existing tax parcel number for each parcel _____

4. Existing legal description for each parcel. (Attach separate sheet if necessary.)

5. Proposed legal description for each parcel. (Attach separate sheet(s) if necessary.) _____

6. Reason for this exemption. _____

7. Check the applicable provision within Moxee's Subdivision Ordinance authorizing exemption.

- Simultaneous Merger (boundary line adjustment)
- Financial Segregation
- Court Ordered Division
- Prior Division

8. The following may also be required before your application can be finalized. Moxee City staff will check any applicable requirements.

- Health District approval for parcels less than two acres in size
- Legal description of proposed access easement
- Verification of public water availability
- Mortgage or deed of trust
- Court decree of property distribution
- Other: _____



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- 9. **GENERAL SITE PLAN**, including: Dimensions and shape of lots (Property lines); North Arrow; and the location of all existing buildings, access easements, and streets.

TO THE APPLICANT: THE APPLICATION MUST BE SIGNED IN FRONT OF A NOTARY BEFORE IT CAN BE PROCESSED.
(We have a Notary available)

APPLICANT'S SIGNATURE

STATE OF WASHINGTON)
 SS
COUNTY OF YAKIMA)

On this day personally appeared before me _____ to be known as the individual(s) described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein stated.

Given under my hand and official seal this _____ day of _____, 20_____.

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

FOR AUTHORIZED PERSONNEL ONLY

APPROVED DISAPPROVED

Conditions of Approval: _____

Date Approved: _____ By: _____ Supervisor: _____