

CITY OF CONNELL, WASHINGTON
P. O. Box 1200, Connell, Washington 99326, (509)234-2701, FAX (509) 234-4140

APPLICATION FOR SHORT SUB-DIVISION OF PROPERTY
(4 Lots or Less)

1. Applicant's Name: _____ Phone: _____

2. Applicant's Address: _____

3. Legal Owner's Name: _____ Phone: _____

4. Legal Owner's Address: _____

5. Legal Description of Property: _____

6. Total Acreage Involved: _____ Zoning: _____ Comp Plan: _____

7. Source of Water: _____ Source of Power: _____

Source of Irrigation: _____ Sewage Disposal System: _____

SHORT PLAT OR SUBDIVISION ONLY:

8. Name of Surveyor: _____ Phone: _____

9. Number of Lots: _____ Proposed Access: _____

CONDITIONAL USE PERMIT ONLY:

10. Requested Use for Permit: _____

11. Length of time requested for permit: _____ to _____

12. Description of improvements currently located on the property and their use: _____

OTHER: (Zone change, Comp Plan Change, Variance)

13. Type of Application: _____

14. Reason for Application: _____

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I certify that the information given above is true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

Legal Owner's Signature _____ Date _____