



SHORT SUBDIVISION/PLAT

Planning and Economic Development Department
 200 NE Moe Street | Poulsbo, Washington 98370
 (360) 394-9748 | fax (360) 697-8269
 www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

For additional information on the Short Plat process, refer to [Chapter 17.40](#) of the Poulsbo Municipal Code (PMC) or see the [Land Division Handout](#).

PROJECT:	
Project Name:	
Project Address:	Total Site Acreage:
Number of existing lots:	Number of proposed lots:
Zoning Designation:	Comp Plan Designation:
Are there any critical areas on the property? (wetlands, steep slopes, streams, etc.)	
YES	NO
APPLICANT:	
Name:	Phone:
Address:	
Email:	
OWNER (IF DIFFERENT):	
Name:	Phone:
Address:	
Email:	
PROJECT ENGINEER (IF DIFFERENT):	
Name:	Phone:
Address:	
Email:	
LAND USES AND SQUARE FOOTAGE:	
Residential: _____ Sq. Ft	Open Space: _____ Sq. Ft
Stormwater Detention (tracts): _____ Sq. Ft	Landscaping: _____ Sq. Ft
Other Utilities (tracts): _____ Sq. Ft	Right-Of-Way: _____ Sq. Ft
Critical Areas (PMC 16.20): _____ Sq. Ft	Other: _____ Sq. Ft
Gross Density:	Number of units/lots _____ / _____ gross acres = _____ units per gross acre
Net Density:	Number of units/lots _____ / _____ net acres [gross acres-deductions (roads, utilities, critical areas and buffers)] = _____ units per net acre.

INITIAL APPLICATION SUBMITTAL REQUIREMENTS:

Req'd	Copies	Item
<input type="checkbox"/>		Electronic version of all submitted materials in PDF format (CD, thumb drive, via e-mail).
<input type="checkbox"/>		Application Fees and Deposits
<input type="checkbox"/>	1	Completed Short Plat Application Form with: 1. Consent to Exceed Review Period (attached) 2. Notarized property owner and/or applicant signature pages (attached).
<input type="checkbox"/>	4	Short Subdivision Drawing(s) containing the following: 1. Dimensions of the subject property and each existing and proposed lot, parcel, and tract; as well as buildings and other structures within the property. 2. Structures and driveways within 150' of the property, on both sides of the street. 3. Existing and proposed easements and any encroachments. 4. Existing and proposed road and utilities, including any stormwater detention facilities. 5. Existing septic and well setbacks. 6. Proposed impervious area(s), including proposed pollution generating pervious and impervious area(s). 7. Critical areas as indicated in PMC 16.20, located on or within 300' of the property. 8. Streets adjacent to, surrounding or intended to serve the property. 9. Zoning of adjacent properties.
<input type="checkbox"/>	3	Legal Descriptions of the proposed lots, tracts and easements and other as appropriate.
<input type="checkbox"/>	3	Title Insurance Report, prepared within last 30 days (available from a Title Company)
<input type="checkbox"/>	2	A completed SEPA Checklist (if required).
<input type="checkbox"/>	3	Preliminary Storm Report.
<input type="checkbox"/>	3	Conceptual utility, grading, street/access, and grading plans.
<input type="checkbox"/>	2	All offsite easements necessary to provide access to the short subdivision or to serve the short subdivision with utility infrastructure.
<input type="checkbox"/>	2	Documents containing applicable restrictions, if any, to be imposed upon the use of the land.
<input type="checkbox"/>	2	Any Critical Areas special reports identified in the pre-application conference letter.
<input type="checkbox"/>	2	For Infill Residential Projects : required written and plan/graphic documentation demonstrating compliance to the applicable design standards for Infill Residential development contained within PMC 18.70.070.0 .
<input type="checkbox"/>	2	Other:





CONSENT TO EXCEED REVIEW PERIOD

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TYPE OF REVIEW PERIOD:

30-Day Short Plat 90-Day Preliminary Plat 30-day Final Plat

PLAT INFORMATION:

Plat Name:

Planning File No.:

Plat Location (address, intersection, or parcel no.):

APPLICANT:

Name:

Address:

Email:

Phone:

SIGNATURE:

Washington State Law requires the city approve, approve with conditions, return to the applicant for modifications, or deny the application within a specified time frame of receipt of a complete application.

However, I understand that it will not be possible for the City of Poulsbo to process the above identified plat within the time-frame required by RCW 58.17.140.

I, _____, consent to an extension of the time-frame selected above, not to exceed an additional sixty-days.

Signature: _____

Date: _____

PROPERTY OWNER'S SIGNATURE (if other than applicant/agent):

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

Signature of Property Owner

Print Name of Owner

STATE OF WASHINGTON)) SS
COUNTY OF KITSAP)

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

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

NOTARY PUBLIC in and for the
State of Washington Residing at

Commission Expires _____