



PLAT ALTERATION/VACATION

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

Plat alterations are required when a property owner wishes to make any change to a recorded final subdivision, recorded short subdivision or recorded binding site plan. This process cannot be used to create additional lots, tracts or parcels. Plat vacations are required whenever a property owner wishes to vacate, or a portion thereof, a recorded final subdivision, short subdivision or binding site plan. Vacation means rendering the plat, or portion, null and void and no longer platted.

PROJECT/PROPERTY INFORMATION:	
Plat Name:	Recording No.:
Site Address:	Tax Assessor's ID:
APPLICANT/PROJECT CONTACT:	
Name:	Phone:
Address:	
Email:	
PROPERTY OWNER (IF DIFFERENT THEN APPLICANT):	
Name:	Phone:
Address:	
Email:	
PLAT ALTERATION OR VACATION:	
Reason(s) for alteration or vacation:	
How will the public use and interest will be served by the alteration or vacation?	
APPLICATION SUBMITTAL REQUIREMENTS:	
The PED Department is now accepting all applications electronically. Please submit your application online here or email the materials to plan&econ@cityofpoulsbo.com .	
<input type="checkbox"/> Application Fees and Deposits	
<input type="checkbox"/> Current title report, prepared within last 90 days.	
<input type="checkbox"/> A vicinity map showing the location of the property and surrounding properties.	
<input type="checkbox"/> Copy of the original plat.	
<input type="checkbox"/> If the subdivision is subject to restrictive covenants which are filed at the time of approval of the subdivision, and the alteration or vacation would result in the violation of a covenant, the application shall contain an agreement signed by all parties subject to the covenants providing that the parties agree to terminate or alter the relevant covenants to accomplish the purpose of the vacation.	
<input type="checkbox"/> Easements established by a dedication are property rights that cannot be extinguished or altered without the written and filed approval of the easement owner or owners, unless the plat or other document creating the dedicated easement provides for an alternative method or methods to extinguish or alter the easement	
<input type="checkbox"/> Signatures of all parties having an ownership interest in that portion to be vacated (attached)	
<input type="checkbox"/> Any other information/documents:	

SIGNATURES:

I, the undersigned, state that, to the best of my knowledge, all the information provided in 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.

I hereby authorize City of Poulsbo representative(s) to inspect the subject property Monday-Friday between the hours of 8:00 am and 4:00 pm during this permit application process.

Signature of Applicant/Agent

Print Name of Applicant/Agent

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 _____

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 _____