



Short Subdivision Application

- 1) Prior to applying for a short subdivision, you must have a pre-application meeting. Please see the **PRE-APPLICATION MEETING** application for requirements.
- 2) After you have had a pre-application meeting and completed all required application materials, studies and other requirements outlined in the pre-application meeting, contact the planner who processed your pre-application to schedule a time for submittal of the short subdivision application. The applications will be taken in at the front counter and considered vested upon receipt of the applicable fees and an official Determination of Completeness letter has been issued pursuant to WCC 21.04.033.

Short Subdivision Processing Sequence

- 1) Once your application and fees are submitted, staff will review the project and if all items are submitted, a Determination of Completeness letter will be issued to the applicant. In addition, the application materials will be routed to the **TECHNICAL REVIEW COMMITTEE** and a meeting will be scheduled to review the project.
- 2) When the basic requirements of water supply, sewage disposal, legal access, minimum lot size and natural resources all appear to be reasonably satisfied, the Technical Review Committee will issue a **NOTICE OF PRELIMINARY APPROVAL** pursuant to WCC 21.04.034(2). This authorizes you to construct improvements and instruct your surveyor to survey the lot lines and prepare check prints.
- 3) Prior to any land disturbance, please contact a Critical Areas Technical Administrator to determine if a land disturbance permit (LDP) is necessary. We advise you to wait until you receive preliminary approval before making application.
- 4) Please note: "PRELIMINARY APPROVAL" DOES NOT CONSTITUTE AUTHORIZATION TO ADVERTISE, SELL OR TAKE EARNEST MONEY ON ANY OF YOUR PROPOSED LOTS. LOTS CAN NOT BE ADVERTISED OR SOLD UNTIL THE SHORT PLAT HAS BEEN SIGNED BY THE DIRECTOR AND FILED WITH THE AUDITOR.
- 3) If, after the Technical Review Committee meeting, there are still items that need to be addressed by the applicant, the Technical Review Committee will issue a **NOTICE OF ADDITIONAL REQUIREMENTS** (NOAR). The applicant shall have 180 days from issuance of the NOAR to submit requested items.
- 4) Once the short subdivision receives Notice of Preliminary Approval the final review packet for the original drawing and fees as authorized by the Whatcom County Unified Fee Schedule must be received within **TWO YEARS**. The applicant shall record the short subdivision original drawing pursuant to WCC 21.04.160(2) within **THREE YEARS** of receiving the notice of preliminary approval. If the applicant fails to submit the original drawing or the final review packet within these time frames, the short subdivision shall be considered expired (WCC 21.04.035(2)(c)). Please see the **FINAL SHORT SUBDIVISION APPLICATION** for submittal requirements.



Short Subdivision Application

Proposed Short Subdivision Name: _____

Second Choice Subdivision Name: _____

SSS# (Assigned by PDS): _____ Submittal Date: _____

PRE# (Assigned by PDS): _____

Applicant

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Legal Property Owner

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Contact Person

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Surveyor

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Parcel Information

Tax Parcel Number(s) (APN) _____

Site Address _____

Location in Common Language _____

Total Acreage _____

Does the Owner of this Property Own any Contiguous Property? Yes No

Proposed

	Proposed Lot Size	Proposed Lot Use	If proposed use is residential, indicate whether you would like the lot to be eligible for an Accessory Dwelling Unit (ADU)
Lot 1			ADU: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 2			ADU: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 3			ADU: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 4			ADU: <input type="checkbox"/> Yes <input type="checkbox"/> No
Accessory Dwelling Units are prohibited on Reserve Tracts.			

Zoning Designation _____ Comp Plan Designation _____

Subarea _____ Shoreline Yes No

Watershed Protection Overlay District Yes No

Washington State Highway Yes No Pipeline within 600' Yes No

Stormwater Special District Yes No Flood Zone Yes No

Agriculture Protection Overlay (APO) Yes No **(If Yes:** Soils Taxation Both)

Re-division of an existing Short Subdivision Yes No

(If yes, submit SEPA checklist- 2 copies)

Fire District _____ Water Supply Source _____

Sewage Disposal Method _____

Nearest Public Road _____ R.O.W. Width _____

Private Easement Length _____ R.O.W. Width _____

Existing Restrictions and Covenants _____

Proposed Restrictions and Covenants _____

Variance Requested _____

Technical Committee Meeting Date (Assigned by PDS) _____

Fee Receipt# _____

I/we _____ hereby certify that the above statements and the information contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge.

Signature of Applicant

Signature of Applicant

Date

Date



**Short Subdivision Application
 Materials Required Prior to Submittal**

*Please Include Checklist with your submittal –
 Application will not be accepted without all necessary
 Information compiled with a complete submittal*

Applicant Checklist	<u>Seven Sets Unless Otherwise Noted</u>	PDS Checklist
	1. Written and Other Data and Fees	
<input type="checkbox"/>	a) Name, address and phone number of owner(s), applicant, and contact person	<input type="checkbox"/>
<input type="checkbox"/>	b) Intended uses	<input type="checkbox"/>
<input type="checkbox"/>	c) List of variances and waivers requested	<input type="checkbox"/>
<input type="checkbox"/>	d) General written proposal of water supply and sewage disposal method, including letter from public water or sanitary sewer providers stating their willingness and ability to serve the proposed land division	<input type="checkbox"/>
<input type="checkbox"/>	e) Preliminary Stormwater Proposal (3 copies)	<input type="checkbox"/>
<input type="checkbox"/>	f) Preliminary Traffic Proposal and Transportation Concurrency , as required (3 copies)	<input type="checkbox"/>
<input type="checkbox"/>	g) Assessor's parcel number (of the parent parcel)	<input type="checkbox"/>
<input type="checkbox"/>	h) Fees as specified in the Unified Fee Schedule	<input type="checkbox"/>
<input type="checkbox"/>	i) Land Disturbance Permit (LDP) (3 copies) <i>For informational purposes only.</i>	<input type="checkbox"/>
<input type="checkbox"/>	j) SEPA Checklist (2 copies) if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	k) Critical areas assessment and map (3 copies)	<input type="checkbox"/>
<input type="checkbox"/>	l) Preliminary title report issued no more than 60 calendar days prior to application	<input type="checkbox"/>
<input type="checkbox"/>	m) Net and gross lot size to determine minimum lot size and density requirements as required by the Zoning Ordinance	<input type="checkbox"/>
<input type="checkbox"/>	n) Signature of property owners or applicant attesting by written oath to the accuracy of all information submitted for the application	<input type="checkbox"/>
<input type="checkbox"/>	o) An Endangered Species Act (ESA) checklist will be required to be filled out and submitted for any development permit located with the following areas <ul style="list-style-type: none"> • The FEMA designated floodplain and/or floodway • The Riparian Buffer Zone (RBZ) as described by the Department of Natural Resources 2007 stream typing system and WDFW's 1997 stream buffer guidelines • Channel Migration Zone (CMZ) plus 50' as identified according to the Department of Ecology 2003 (3 copies) 	<input type="checkbox"/>
	<i>Please contact Critical Areas or Flood staff to determine if your property is located within any of the above noted areas.</i>	

2. Map Data

- | | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> | a) Name of owner(s) | <input type="checkbox"/> |
| <input type="checkbox"/> | b) Name of proposed land division | <input type="checkbox"/> |
| <input type="checkbox"/> | c) General layout of proposed land division | <input type="checkbox"/> |
| <input type="checkbox"/> | d) Common language description of the general location of the land division | <input type="checkbox"/> |
| <input type="checkbox"/> | e) Approximate locations of existing roads, utilities, and infrastructure. | <input type="checkbox"/> |
| <input type="checkbox"/> | f) Vicinity map | <input type="checkbox"/> |
| <input type="checkbox"/> | g) Short plat map with a common engineering scale with north arrow and sheet numbers (on each sheet containing a map) | <input type="checkbox"/> |
| <input type="checkbox"/> | h) Section, township, range and municipal and county lines in the vicinity | <input type="checkbox"/> |
| <input type="checkbox"/> | i) Boundaries of the site with general dimensions shown that is prepared by a licensed surveyor | <input type="checkbox"/> |
| <input type="checkbox"/> | j) General direction and gradient of slope | <input type="checkbox"/> |
| <input type="checkbox"/> | k) Legal description of the land | |
| <input type="checkbox"/> | l) Location and means of proposed water service and sewage disposal | <input type="checkbox"/> |
| <input type="checkbox"/> | m) Location and means of proposed access (including proposed improvements to on-site and off-site roadways, and site distance) | <input type="checkbox"/> |
| <input type="checkbox"/> | n) Other proposed on-site and off-site utilities and facilities | <input type="checkbox"/> |
| <input type="checkbox"/> | o) Location of existing roads, rights-of-way, buildings, parking, and drainage on-site | <input type="checkbox"/> |
| <input type="checkbox"/> | p) Where appropriate, location of natural features, including bodies of water, natural drainage areas, critical areas, and buffers | <input type="checkbox"/> |
| <input type="checkbox"/> | q) Location of existing facilities, sanitation and water facilities, easements (where appropriate) | <input type="checkbox"/> |
| <input type="checkbox"/> | r) Existing and proposed street names | <input type="checkbox"/> |
| <input type="checkbox"/> | s) Names or numbers of any adjacent divisions | <input type="checkbox"/> |
| <input type="checkbox"/> | t) Sequential numbers or letters to all lots within the short subdivision | <input type="checkbox"/> |
| <input type="checkbox"/> | u) Topographic map of sufficient contour interval, acceptable to the county engineer or director of planning and development services or their designee to show the topography of the land to be divided | <input type="checkbox"/> |
| <input type="checkbox"/> | v) Location of critical areas, shorelines and base flood elevation where applicable | <input type="checkbox"/> |



Lot of Record Application

What is a Lot of Record?

[WCC 20.97.220](#) defines "Lot of Record" as "a lot which is described by final plat, short plat, or metes and bounds and is established pursuant to applicable local and state regulations at the date a legal instrument creating the lot is recorded at the Whatcom County auditor's office."

Note: "Lot of Record" is in no way synonymous with "buildable lot", it just means that it was legally created/subdivided.

Note: A COMPLETE DEED HISTORY and CORRESPONDING MAP must accompany this application. You may obtain a deed history of your property from any local title company. Use an Assessor's parcel map from the PDS office (You will need to know your Section, Township, and Range) to show the parent parcel and subsequent division/creation of your lot. Color-code the map, deeds and deed list. Do this by showing the pre- 1972 parcel as one color and each subsequent division or alteration with a different color, both on the map, on the deeds and on the deed history chronology on page three. Depending on the complexity of the deed history, you may need professional assistance to do this.

File # (PDS will assign) _____ Date _____

Applicant Name _____ Phone _____
 Address _____ City _____
 State _____ Zip _____ Email _____

Contact Name _____ Phone _____
 Address _____ City _____
 State _____ Zip _____ Email _____

Property Owners(s) Name _____ Phone _____
 Address _____ City _____
 State _____ Zip _____ Email _____

Site address (if any) or nearest public road _____

Assessor Tax parcel number(s) _____

Acreage/square footage _____ Current Zoning _____

Current use: Vacant Residential Agriculture Other _____

When was the parcel created in its current configuration? _____
(Check deed history)

Have there been any subsequent boundary line adjustments, vacations, dedications, foreclosures, etc.? Yes No
(If yes, please show on map with corresponding auditor's file numbers)

Is it a platted parcel? Yes No

If yes, name of plat _____

Has the property ever been surveyed? Yes No If so when? _____

(Please include record of survey with application) AF# _____

Does the owner of this parcel own any contiguous property? Yes No
(If yes, please show on map)

Is the parcel located in the Lake Whatcom or Lake Samish watershed, or other water resource protection overlay district? Yes No

Is the parcel subject to any county conditional use permit? Yes No
If yes, CUP # _____

Is the parcel subject to a Forest Practice Application (FPA) from the State Department of Natural Resources? Yes No
(If so, please submit a copy of the application with your completed lot of record application)

Is the parcel within 330 feet of an area designated as mineral resource land, and/or within 660 feet of a pipeline, and/or within one-half mile of land that is designated forestry, and/or land upon which agricultural operations are being conducted? Yes No
(If yes which?) _____

Please list any current county, state, or federal permits affecting the subject property

How many dwelling units (residences) are on the property? _____
(Show on map)

Are there any other structures (barns, shops, sheds, garages, etc.) on the property?
 Yes No (If so, show on map)

Water source _____

Sewage disposal method _____



DEED HISTORY

List deeds from oldest to most recent.
Color-code your section map, deeds and deed list.

Auditor's File Number (AF#), Grantor and Grantee of Pre-1970 Parent Parcel:

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

**AF# of Subsequent Conveyances, Adjustments or Divisions:
(You May Need To Include Additional Pages)**

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____
Grantor (From) _____ Grantee (To) _____

WHATCOM COUNTY
Planning & Development Services
5280 Northwest Drive,
Bellingham, WA 98226-9097
360-676-6907, TTY 800-833-6384
360-738-2525 Fax



J.E. "Sam" Ryan
Director

Fee Responsibility

Venue and Jurisdiction: The parties hereto recognize and agree that the venue of any action involving their rights or obligations related to this application shall be in Whatcom County, and the parties' rights and obligations hereunder shall be determined, in accordance with the laws of the State of Washington.

Fee Guaranty: Notwithstanding that this application has been submitted in the name of a company, I personally guarantee payment of fees accrued according to the terms listed in the Whatcom County Unified Fee Schedule and that my personal guarantee is part of the consideration for review of the application.

I/we, _____, hereby certify that the above statements and the information contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge, and that the list of surrounding property owners is complete and current.

Signature of Applicant

Date

Signature of Owner

Date

I certify that I know or have satisfactory evidence that _____
is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____

Application received by: _____

Date: _____

WHATCOM COUNTY
Planning & Development Services
5280 Northwest Drive,
Bellingham, WA 98226-9013
360-676-6907, TTY 800-833-6384
360-738-2525 Fax



J.E. "Sam" Ryan
Director

Agent Authorization

If you are authorizing an agent to apply for permits on your behalf you must complete this form, which will provide authorization for a designated agent to apply for permits on your behalf. This form is required for the protection of the property owner. Planning and Development Services will not accept an application that is not either signed by all property owners or accompanied by this form.

I/we, _____, the owner(s) of the subject property, understand that by completing this form I hereby authorize _____ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf. I also understand that once an application has been submitted that all future correspondence will be directed to the agent.

Property Owner(s) Printed Name

Date

Property Owner(s) Signature

Date

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____

Application received by _____

Date _____