

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



David Stalheim
Director

J.E. "Sam" Ryan
Assistant Director

Final Short Subdivision Application

- 1) The applicant shall submit the final review packet for the original drawing and fees as authorized by the Whatcom County Unified Fee Schedule within **TWO YEARS** of receiving the notice of preliminary approval and 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)).
- 2) When the surveyor has completed the survey, he will submit **CHECKPRINTS** with **LOT CLOSURES** and a **PLAT CERTIFICATE** for Technical Committee review as part of the final review packet (see application for **FINAL SHORT SUBDIVISION SUBMITTAL**).
- 3) Once the check prints have been approved, we will call for the **ORIGINAL DRAWING/MYLAR** map. Your surveyor will have all owners of the property sign the mylar (using a permanent black ink pen) before submitting it to this office.
- 4) If the check prints are not approved we will request a revised set of check prints to be submitted with the red lined copy we return to your surveyor.
- 5) When **WRITTEN FINDINGS** have been made by PDS, the mylar is routed to the Chairman of the Technical Committee for final review and signature. PDS will then call your surveyor to pick up the mylar and **FILE IT FOR RECORD** with the County Auditor. The Short Subdivision is now complete and you may now advertise, sell, convey or take earnest money on your now existing lots.

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



David Stalheim
Director

J.E. "Sam" Ryan
Assistant Director

Final Short Subdivision Application

Short Subdivision Name:

Short Subdivision #:

Submittal Date:

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:

***If *Applicant* or *Contact* information changes please submit an updated Fee/Agent authorization form for each change.**

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



Final Short Subdivision
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		PDS Checklist
	1. Review Submittal (Checkprint)	
<input type="checkbox"/>	a) Seven copies of the original drawing of acceptable sizes (18" x 24")	<input type="checkbox"/>
<input type="checkbox"/>	b) Name of short subdivision	<input type="checkbox"/>
<input type="checkbox"/>	c) Legal description of the land	<input type="checkbox"/>
<input type="checkbox"/>	d) Common engineering scale, north arrow, and sheet numbers	<input type="checkbox"/>
<input type="checkbox"/>	e) Date of original and significant revisions	<input type="checkbox"/>
<input type="checkbox"/>	f) The length of each lot line, together with bearings and other data necessary for the location of any lot line in the field	<input type="checkbox"/>
<input type="checkbox"/>	g) The location, width, centerline, and name of all roads within and adjoining the land division	<input type="checkbox"/>
<input type="checkbox"/>	h) Final survey of boundary of the land division with complete bearings and linear dimensions	<input type="checkbox"/>
<input type="checkbox"/>	i) The location of all monuments or other evidence used as ties to establish the land division's boundaries	<input type="checkbox"/>
<input type="checkbox"/>	j) The location of all permanent control monuments found and established at the controlling corners of the parcel being divided and within the land division	<input type="checkbox"/>
<input type="checkbox"/>	k) The length and bearing of all straight lines, the radii, arcs and semi-tangents of all curves	<input type="checkbox"/>
<input type="checkbox"/>	l) The location and width of all easements, shown with broken lines, and a description of the purpose of the easement (including beneficiary)	<input type="checkbox"/>
<input type="checkbox"/>	m) Existing and proposed road names	<input type="checkbox"/>
<input type="checkbox"/>	n) The location of all permanent wells and associated protective zones, municipal boundaries, section lines, township lines, and meander lines	<input type="checkbox"/>
<input type="checkbox"/>	o) A reference to any covenants or restrictions (two copies for county review)	<input type="checkbox"/>
<input type="checkbox"/>	p) Signature block for persons with ownership interest (declaration) and dedication block, if appropriate	<input type="checkbox"/>
<input type="checkbox"/>	q) Land surveyor's certificate	<input type="checkbox"/>
<input type="checkbox"/>	r) County Engineer certificate (if a rights-of-way dedication is made)	<input type="checkbox"/>
<input type="checkbox"/>	s) Director of Planning and Development Services' certificate	<input type="checkbox"/>

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | t) County Auditor's certificate | <input type="checkbox"/> |
| <input type="checkbox"/> | u) Letter from the Health Department approving water supply and sewage disposal method | <input type="checkbox"/> |
| <input type="checkbox"/> | v) Lot closures | <input type="checkbox"/> |
| <input type="checkbox"/> | w) A separate map scaled at 1"=400' for the assignment of addresses | <input type="checkbox"/> |
| <input type="checkbox"/> | x) Preliminary title report issued no more than 60 calendar days prior to submittal of the final short plat for review | <input type="checkbox"/> |
| <input type="checkbox"/> | y) 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"/> | z) Location of critical areas, shorelines and base flood elevation where applicable | <input type="checkbox"/> |
| | 2. Final Submittal | |
| <input type="checkbox"/> | a) Original drawing (mylar) -in reproducible format- with executed signature block of persons with ownership interest | <input type="checkbox"/> |
| <input type="checkbox"/> | b) A current title report or update of title report issued no more than 60 calendar days prior to submittal of the final short plat for review | <input type="checkbox"/> |
| <input type="checkbox"/> | c) Addresses as assigned by the county | <input type="checkbox"/> |
| <input type="checkbox"/> | d) The owner of record and the surveyor of record shall sign the original drawing of the short plat prior to filing it for record with the county auditor. The original drawing shall include a statement that the short subdivision has been made with the free consent of and in accordance with the desire of the land owner(s) | <input type="checkbox"/> |

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



David Stalheim
Director

J.E. "Sam" Ryan
Assistant 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

Signature of Owner

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: _____

Residing at: _____

My appointment expires: ____/____/____

Application received by: _____

Date: _____

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



David Stalheim
Director

J.E. "Sam" Ryan
Assistant 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

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: _____