



## 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 22.05.050.

### 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. 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 cannot be advertised or sold until the Short Plat has been signed by the Director and filed with the Auditor.
- 5) 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 pursuant to WCC 22.05.100(3).
- 6) 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 21.04.035(2)(b) 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-Application Meeting #: \_\_\_\_\_

### **Applicant**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### **Legal Property Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### **Authorized Agent**

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 - Gross \_\_\_\_\_ Net: \_\_\_\_\_

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

**Proposed**

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

Zoning Designation \_\_\_\_\_ Comp Plan Designation \_\_\_\_\_

Subarea \_\_\_\_\_ Shoreline  Yes  No

Watershed Protection Overlay District  Yes  No

Washington State Highway  Yes  No Pipeline within 500'  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 \_\_\_\_\_

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<br>Checklist   | <u><b>Seven Sets Unless Otherwise Noted</b></u>  | PDS<br>Checklist         |
|--------------------------|--|--------------------------|
|                          | <b>1. Written and Other Data and Fees</b>  |                          |
| <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) <a href="#">Preliminary Stormwater Proposal</a> (3 copies)  | <input type="checkbox"/> |
| <input type="checkbox"/> | f) <a href="#">Preliminary Traffic Proposal and Transportation Concurrency</a> , 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) <a href="#">Land Disturbance Permit (LDP)</a> (3 copies) <i>For informational purposes only.</i>  | <input type="checkbox"/> |
| <input type="checkbox"/> | j) <a href="#">SEPA Checklist</a> (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"/> |
|                          | <b>2. Map Data</b>   |                          |
| <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"/> |

- g) Short plat map with a common engineering scale with north arrow and sheet numbers (on each sheet containing a map)
- h) Section, township, range and municipal and county lines in the vicinity
- i) Boundaries of the site with general dimensions shown that is prepared by a licensed surveyor
- j) General direction and gradient of slope
- k) Legal description of the land
- l) Location and means of proposed water service and sewage disposal
- m) Location and means of proposed access (including proposed improvements to on-site and off-site roadways, and site distance)
- n) Other proposed on-site and off-site utilities and facilities
- o) Location of existing roads, rights-of-way, buildings, parking, and drainage on-site
- p) Where appropriate, location of natural features, including bodies of water, natural drainage areas, critical areas, and buffers
- q) Location of existing facilities, sanitation and water facilities, easements (where appropriate)
- r) Existing and proposed street names
- s) Names or numbers of any adjacent divisions
- t) Sequential numbers or letters to all lots within the short subdivision
- 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
- v) Location of critical areas, shorelines and base flood elevation where applicable

**Noticing Information**

- 2 copies each** – List of names, mailing addresses, and parcel numbers of all persons owning property located within 300 feet of the property boundaries if within an Urban Growth Area **OR** 1, 000 feet if outside an Urban Growth Area of the subject parcel. (Addresses may be obtained from Whatcom County Assessor’s records or a local Title Company)
- 1 copy each** – Self-adhesive, typed mailing labels for each of the above property owners.



## 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) \_\_\_\_\_







### **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: \_\_\_\_\_



### 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 \_\_\_\_\_