

TOWN OF LYMAN  
SHORT PLAT APPLICATION

DATE: \_\_\_\_\_

SHORT PLAT NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL# \_\_\_\_\_

ENGINEER/SURVEYOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

TOTAL NUMBER OF LOTS PROPOSED: \_\_\_\_\_ (NOT TO EXCEED 4)

If more room is needed please use back of page

LOCATION AND DESCRIPTION OF PLAT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS THE ZONING? \_\_\_\_\_

WILL THIS LOT CREATE A PRIVATE DRIVE? \_\_\_\_\_

IF YES WHAT IS THE PROPOSED NAME: \_\_\_\_\_

ARE THERE ANY EXISTING EASEMENTS OR RIGHT OF WAYS THAT AFFECTS THIS PROPERTY? \_\_\_\_\_ IF YES, PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

METHOD OF SEWAGE DISPOSAL: SEPTIC TANK SYSTEM

WATER SUPPLY: SUPPLIED BY TOWN OF LYMAN WATER SYSTEM

\_\_\_\_\_ WATER HOOKUPS NEEDED IF APPROVED

*Please submit 7 copies of the above described preliminary short plat, together with the required filing fee of \$350.00 plus \$160.00 per lot. (Non refundable) to:*

**TOWN OF LYMAN 8405 S MAIN ST. PO BOX 1248, LYMAN, WA 98263**

**phone 360-826-3033 fax 360-826-6473**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVAL: \_\_\_\_\_ Date \_\_\_\_\_