CITY OF TIETON
SHORT PLAT EXEMPTION-MERGER APPLICATION

DATE SUBMITTED:_____

APPLICATION FEE: **$50.00**
This is the basic filing fee, and payment is required at time of application. No application will be approved without fee paid in full.

I. NAME AND ADDRESS OF APPLICANT:_____
_____
_____

PHONE NUMBER: _____

II. NAME AND ADDRESS OF PROPERTY OWNER(S) IF OTHER THAN APPLICANT. (IF MORE THAN ONE PARCEL IS INVOLVED IN THIS EXEMPTION, GIVE NAME AND ADDRESS OF OWNER(S) FOR EACH PARCEL)

_____ _____
_____ _____
_____ _____

III. TAX PARCEL NUMBER AND LEGAL DESCRIPTION FOR EACH PARCEL INVOLVED IN THIS EXEMPTION. ATTACH SEPARATE SHEET(S) IF NECESSARY:_____
_____
_____
_____
_____

IV. **A**: DESCRIBE THE PORTION OF LAND THAT IS BEING DIVIDED FROM THE PRESENT PARCEL, ATTACH SEPARATE SHEET(S) IF NECESSARY:_____
_____
_____
_____
_____

B: DESCRIBE THE PORTION(S) OF LAND TO BE MERGED: ATTACH PARCEL NUMBERS AND LEGAL DESCRIPTIONS OF ALL PARCELS BEING MERGED AND INCLUDE A LEGAL DESCRIPTION OF THE NEW PROPOSED MERGER. (THIS WILL REQUIRE A NEWLY SURVEYED MAPPING AND LEGAL DESCRIPTION.)_____
_____
_____
_____
_____

V. REASON FOR WANTING THIS EXEMPTION:_____
_____
_____

VI. PROVISIONS WITHIN THE CITY OF TIETON SUBDIVISION ORDINANCE AUTHORIZING EXEMPTION. CHECK APPLICABLE PROVISION:

_____ 14.04.070(1) SIMULTANEOUS MERGER (Boundary Line Adjustment)

_____ 14.04.070(2)(A) FINANCIAL SEGREGATION

_____ 14.04.070(2)(B) COURT ORDERED DIVISION (Consultation with Planning Dept. required prior to Submission)

_____ 14.04.070(2)(C) FORECLOSURE PROCEEDINGS

_____ 14.04.070(3) PRIOR DIVISION (Attach copy of applicable documentation)

STATE OF WASHINGTON)
) SS
County of Yakima)

Before me this _____ day of _____, 20_____, personally appeared _____ _____to me known to be the person(s) described in and who executed the foregoing instrument and acknowledged to me that they signed the same as their free and voluntary act for the purposes and uses therein mentioned. In witness whereof I have hereunto set my hand and affixed my official seal.

_____
Applicant

_____
Notary Public in and for the State of Washington
Residing at _____
My Appointment Expires:_____

Authorization:
Approved _____
Disapproved _____

Conditions of Approval: _____
_____
_____

_____ _____
Signature of Administrator Date