

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 _____