City of Kettle Falls
P.O. Box 457
Kettle Falls, Washington 99141
(509) 738-6821

APPLICATION SUPPLEMENT: SHORT PLAT OR PRELIMINARY SUBDIVISION PLAT

CITY USE:

File Number: _____ Received by: _____ Date: _____
Type of Application: _____

SUPPLEMENT FOR: ___ Short Plat ___ Preliminary Subdivision

Applicant Name: _____

Mailing Address: _____

Phone Number(s): _____

Surveyor:

Mailing Address: _____

Phone Number(s): _____

PROJECT & SITE INFORMATION:

Site location and size: _____

Number of lots created: _____

Size of proposed lots (attach a separate page if necessary):

Lot # and square footage:	Lot # and square footage:	Lot # and square footage
_____	_____	_____
_____	_____	_____

Are there existing structures on the site? __ Yes (show location and type on map)
__ No

Does property have street frontage? __ Yes __ No Length of Frontage? _____
If so, type of street? __ City __ County __ State __ Private

Name of street frontage: _____

Width of adjacent right-of-way: _____

Width & length of proposed right-of-way: _____

Acreage in open space/parks: _____

Total contiguous acreage under same ownership: _____