

CITY OF HERMISTON
FINAL PLAT REVIEW

Subdivison Name:

Applicant Information

Name: _____

Address: _____

Phone #: _____

Engineer: _____

Firm & Phone #: _____

Site Information

Address: _____

Map/tax lot #: _____

Attach full-size paper copies of the plat and email a digital copy to planning@hermiston.or.us

By signing this form, you acknowledge that all applicable requirements and regulations set forth in the Hermiston Code of Ordinances and the Hermiston Public Works Design Standards and Specification Manual will be followed. Please review the preliminary plat's conditions of approval for any additional requirements.

Applicant's signature: _____ Date: _____

** Office Use Only **

Fee \$275 Date Filed: _____ Received By: _____
Date Paid: _____ Receipt #: _____ Meeting Date: _____