

CITY OF HERMISTON

APPLICATION TO REPLAT SUBDIVISION

Applicant's Name: _____ Date: _____

Address: _____ Phone: _____
(Daytime)

Property Owner(s) Name (If Different): _____

Address: _____ Phone: _____
(Daytime)

Legal Description of Property: Assessor's Map No: _____ Tax Lot No: _____

Comprehensive Plan Designation: _____ Zoning Designation: _____

Current Use of Property: _____

Name of Proposed Subdivision: _____ No. of Lots Proposed: _____

Name of Roads Providing Access to Proposed Subdivision: _____

I am the ___owner/___owner(s) authorized representative. (If authorized representative, attach letter signed by owner.)

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Date Filed: _____ Received By: _____ Meeting Date: _____

Fee (\$500.00 + \$10.00/lot): _____ Date Paid: _____ Receipt No: _____