

Plat/Land Division Submittal Checklist



Site Address _____

Use this checklist to prepare a complete plat application for Tacoma-Pierce County Health Department review. Check off each required item in the left column.

✓	Item		Description	HEALTH DEPARTMENT USE ONLY
	1	Application	Provide complete three-page application with signature. All items must be completed. If not applicable, please put N/A.	
	2	Site Plan	Provide two (2) copies of plat drawings from your surveyor.	
	3	Water Availability Letter	A water availability letter must be submitted with application if project will be on a public water system. *A water bill may be submitted instead of a water availability letter for boundary line adjustments.	
	4	Soil Logs and Map	Soil logs and map from OSS designer must be submitted with application if project will be on septic. *Not required for final plat or boundary line adjustments.	
	5	Fee	Pay appropriate fee.	

Please note:

- All items on this checklist are *required* to submit a Plat/Land Division application.
- For a complete list of submittal standards please refer to the Plat/Land Division Submittal Standards information sheet at www.tpchd.org/platstandards.
- A resubmittal fee will be charged for incomplete applications.

I hereby acknowledge the information provided is complete and accurate per above referenced checklist.

Signature _____ Title _____ Date _____

Additional questions? Contact:

Drinking Water Program: Michelle Harris, mharris@tpchd.org, (253) 798-7683

Onsite Sewage Program: George Waun, gwaun@tpchd.org, (253) 798-6485

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

Plat/Land Division Application



Application Type

- Short Plat Preliminary
- Formal Plat Preliminary
- Minor Amendment
- Plat Alteration
- Binding Site Plan
- Other _____
- Short Plat Final
- Formal Plat Final
- Major Amendment
- Boundary Line Adjustment
- Planned Development District

VALIDATION

Project/Plat Name _____

PALS Permit Number (if applicable) _____

Site Address _____

City _____ Zip _____

Main Tax Parcel _____

Related Parcel _____

Applicant/Project Contact _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Property Owner _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

PE/Surveyor _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Septic Designer _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Describe current use of property (include buildings, wells, septic systems, etc.) _____

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Brief description of request _____

Use Type: Single-family Multi-family Commercial Land use

Total number of lots _____ Total acreage _____

Number of single-family lots _____ Number of units per acre _____

Number of multi-family lots _____ Minimum lot size _____

Total number of units _____

Total number of bedrooms _____

Lot size determined by: Method 1 Method 2 Planned unit development Urban growth area

Development within service area: Yes No

Development within urban growth area: Yes No

Development within city limits: Yes No

If final application, has anything relevant to health changed from the preliminary? Yes No

If yes, explain _____

Water Supply (mark all that apply)

Existing public water (currently serving property):

Water System Name _____ State ID Number _____

Proposed public water (new connection):

Water System Name _____ State ID Number _____

New water system to be constructed: Group A Group B

Existing individual wells: Number of existing wells _____ Wells currently in use? Yes No

Proposed individual wells: Number of proposed wells _____

If multiple sources, provide detailed proposal _____

Sewage Disposal (mark all that apply)

- Existing public sewer: System Name _____
- Proposed public sewer: System Name _____
- Existing individual onsite sewage system: Number of existing onsite sewage systems _____
As-builts attached: Yes No
- Proposed individual onsite sewage system: Number of proposed onsite sewage systems _____
- Existing community onsite sewage system: Number of existing community systems _____
- Proposed community onsite sewage system: Number of proposed community systems _____
- Existing large onsite sewage system
- Proposed large onsite sewage system

If multiple disposal methods, provide detailed proposal _____

"I hereby certify I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct. I hereby grant Tacoma-Pierce County Health Department access to this property for inspection(s) related to this application."

Name (please print)	Signature	Date
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HEALTH DEPARTMENT USE ONLY

Water Supply:

- Hold EHS _____ Date _____
- Approved EHS _____ Date _____

Sewage Disposal:

- Hold EHS _____ Date _____
- Approved EHS _____ Date _____

Application:

- Approved EHS _____ Date _____
- Denied EHS _____ Date _____

Conditions of approval _____

- Copy sent to applicant* Yes No Date _____ Initials _____
- Emailed to planning authority* Yes No Date _____ Initials _____
- PALS data entry* Yes No Date _____ Initials _____

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