



# LOT CONFIRMATION FORM

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362  
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file no. \_\_\_\_\_

The purpose of lot confirmation is to identify tax parcels that are composed of multiple legal, lots of record, in order to have lot(s) receive individual tax parcels for sale or development. Any division of land must comply with Title 16 of the Port Angeles Municipal Code. While any person may apply for a lot confirmation, the legal property owner(s), or owner's representative, shall make the request for any changes to lot configuration with the Community & Economic Development Department.

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ (Property Owner:  Yes  No)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Representative (If other than applicant): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

LOT CONFIRMATION			
Lots to be confirmed	_____ of Block # _____ of _____ <small>(e.g. 1,2,3)</small>		<small>(e.g. subdivision/townsite)</small>
Tax Parcel Number(s)	_____	Zoning	_____

Existing lots of record which have previously been consolidated into a single tax parcel may receive individual tax parcel numbers when the following six criteria are met.

Applicants shall submit evidence that the following criteria have been met.

1. Each lot must be free of encumbrances from other lots; and
2. The parcel does not have a restrictive covenant or zoning lot covenant; and
3. All accessory buildings are on the same lot as the principle building they are accessory to; and
4. No lots are being newly created; and
5. The segregation does not create a non-conforming situation; and
6. The intent of the segregation is consistent with the City's Comprehensive Plan.

## SIGNATURE

I understand that a Lot Confirmation does not execute the segregation of tax parcel or any form of land division and that upon the confirmation of existing lots of record. Only the legal owner(s), or owner's representative, may make lot configuration requests with the Port Angeles Community and Economic Development Department.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature ( Owner  Representative) \_\_\_\_\_

CITY USE ONLY			
<input type="checkbox"/> Confirm			
<input type="checkbox"/> Confirm with comments (see attached)	_____	Print name	Title
<input type="checkbox"/> Deny with comments (see attached)	_____	Signature	Date