



**Yakima Health District**

1210 Ahtanum Ridge Drive  
 Union Gap, Washington 98903  
 Phone (509) 575-4040  
 Fax (509) 575-7894

<http://www.yakimahealthdistrict.org>

For Office Use:

CASE # \_\_\_\_\_  
 Date \_\_\_\_\_ Initial \_\_\_\_\_  
 Amt \_\_\_\_\_ Check# \_\_\_\_\_  
 Code \_\_\_\_\_ Rec# \_\_\_\_\_

**PLAT REVIEW APPLICATION**

Test Holes Ready yes \_\_\_\_\_ no \_\_\_\_\_ n/a \_\_\_\_\_

Comments PLEASE CALL 509-249-6508 FOR APPOINTMENT TO MAKE A SITE VISIT AND CHECK TEST HOLES

APPLICANT INFORMATION		PROPERTY OWNER (If different)	
(Name)		(Name)	
(Address)		(Address)	
(City, State, Zip)		(City, State, Zip)	
Phone:	Email Address	Phone:	Email Address
FEE FOR PLAT REVIEW		\$410 (covers up to 1 hr)	H_HPT001
Services beyond 1 hr will be billed on an hourly basis		\$149/hr	H_HPT002

**Parcel**

**#(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

Location of Plat \_\_\_\_\_  
 Address \_\_\_\_\_ Road/Street \_\_\_\_\_ City \_\_\_\_\_

Fill-in and/or Check Appropriate Box

Lot #	Lot Size	Existing Residence	Individual Well	Community Well	City Water	Other	Individual Septic	Community Septic	City Sewer	Other
1/A										
2/B										
3/C										
4/D										

Describe other alternatives or arrangements for:

Water \_\_\_\_\_

Sewage \_\_\_\_\_

Which lots, if any, do you intend to build on as soon as this plat is approved? \_\_\_\_\_

Is City Sewer available to serve this property? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make reviews or inspections required by the plat process. I understand that this application will become part of public record and that any decision made by the Yakima Health District may be appealed provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in delays, permit revocation, and/or additional costs.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_