



# FINAL PLAT APPLICATION

OFFICE USE ONLY:

City of Ferndale Community Development Department  
2095 Main Street/ PO Box 936  
Ferndale, WA 98248 (360) 685-2359  
www.cityofferndale.org

### Submittal Requirements:

- Submit all application materials electronically here: [www.cityofferndale.org/permits](http://www.cityofferndale.org/permits)
- Upload all submittals listed in [FMC 14.07.050 Table 1: Land Use Submittal Requirements](#)
- Submittal questions: call (360) 685-2359

**Applicant/Property Owner:** \_\_\_\_\_

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

Phone/FAX/Email: \_\_\_\_\_

**Authorized Agent (if applicable):** \_\_\_\_\_

Relationship (architect, engineer, attorney, realtor, etc.): \_\_\_\_\_

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

Phone/FAX/Email: \_\_\_\_\_

**Engineer or Surveyor:** \_\_\_\_\_

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

Phone/FAX/Email: \_\_\_\_\_

### Plat Information

Name of Plat: \_\_\_\_\_ Location: \_\_\_\_\_

Size of Property: \_\_\_\_\_ Zoning: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

Table to be Included on face of Final Plat Drawing:

|                         | Acres & Square Footage | Percentage |
|-------------------------|------------------------|------------|
| Overall Parcel Area     |                        |            |
| Right of Way Dedication |                        |            |
| Total Lot Area          |                        |            |
| Stormwater              |                        |            |
| Wetland                 |                        |            |
| Open Space              |                        |            |
| Reserve Tract           |                        |            |
| Other:                  |                        |            |

All information required by [Chapter 17.24](#) of the Municipal Code must be submitted.

Design Requirements ([Chapter 17.28](#)) and Required Improvements ([Chapter 17.32](#)) of the Municipal Code must be complied with at both the Preliminary and Final Plat Stages.

*The accuracy of the information provided with this application is the responsibility of the applicant.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_