



Snohomish County – Planning and Development Services

2nd Floor, Robert J. Drewel Building

3000 Rockefeller • Everett, WA • (425) 388-3311 • www.snoco.org

Application for Lot Status Determination

DATE STAMP

FILE NO. _____

SEC _____ TWP _____ RNG _____ QTR _____

SEC _____ TWP _____ RNG _____ QTR _____

SEC _____ TWP _____ RNG _____ QTR _____

Zoning _____

Name of Applicant _____

Address _____

City State Zip

Contact Telephone _____ e-mail: _____

NUMBER OF LOTS REQUESTING LOT STATUS _____

NUMBER OF TAX PARCELS TO BE RESEARCHED _____

Property Tax Account Number(s) _____

Please list additional tax parcel numbers on a separate sheet of paper and attach to application. (if applicable)

Name of Owner (if different) _____

Address _____

City State Zip

Contact Telephone _____ e-mail: _____

Contact Person _____

Address _____

City State Zip

Contact Telephone _____ Email: _____



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This document should not be construed as authorizing any further division of said lot; any such division is subject to any and all rules and regulations relating to land divisions in effect at the time such division is proposed

I, _____ do hereby certify, from personal knowledge, the following:

- A. That I am an owner of that certain parcel of real property known as tax parcel number: _____, the legal description(s) of which is attached;
- B. That I have had said interest since _____ (date).
(If this interest date is after January 1, 1965 a copy of your deed must be attached.)

I understand that any division by sale or lease of this property on or after September 12, 1972, may prevent the issuance of a building or other development permit if such division was, or is not, done in conformance with all County laws relating to land divisions effective at the time of such division.

Signature

Date



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Application for Lot Status Determination – Title Company Certification

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_____, the present owner or contract purchaser of that certain parcel of land which bears Assessor’s Tax Account Number: _____ and whose legal description is attached hereto, has been asked by Snohomish County to verify the status of the above parcel. Your assistance would be greatly appreciated. (Complete all checked items.)

- Transfer of ownership date
- Access Verification
- Access Easement Legal Description and Sketches

Transfer of ownership date

The above parcel(s) was created by transfer of ownership in its present configuration:

- Prior to September 12, 1972: Date of Creation: _____
Initials _____
- On or after September 12, 1972: Date of Creation: _____
Initials _____

Access Verification

Access to this parcel is by easement or private road and has the following characteristics:

- The access easement is _____ Feet Wide
Initials _____
- The access easement was created: (date) ____ / ____ / ____
Initials _____
- The Access Easement is:
 - Exclusive
Initials _____
 - Common

Access Easement Description

If the above parcel is subject to or adjoined by any access easements, please attach copies, legal description, and/or sketches.

Please Transfer copies of documents involving creation of the subject parcel(s)

I hereby certify that the above information is based on records held on file by our office and is true and correct to the best of my knowledge.

Title Company Name: _____

Signature of Title Company Agent Date

Agent Name (please print) Agent Title