

VICINITY MAP	ACKNOWLEDGEMENT WE, THE UNDERSIGNED, ATTEST THAT WE ARE THE CONTRACT PURCHASERS OR OWNERS IN FEE SIMPLE OF THE LAND REPRESENTED ON THIS SHORT PLAT AND HAVE NO RIGHT, TITLE OR INTEREST OF ANY KIND IN ANY UNPLATTED LAND CONTIGUOUS TO ANY PART OF THE LAND INCLUDED IN THIS SHORT PLAT. THIS SHORT PLAT IS MADE IN ACCORDANCE WITH OUR DESIRES. SIGNATURE OF PROPERTY OWNER (S) STATE OF WASHINGTON)) SS COUNTY OF PIERCE) SIGNED AND SEALED BEFORE ME THE UNDERSIGNED THIS ____ DAY OF _____, 20____, AS THEIR FREE AND VOLUNTARY ACT AND DEED FOR SHORT PLAT PROCESS WITNESS MY HAND AND SEAL THE DAY AND YEAR FIRST WRITTEN ABOVE. NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON RESIDING AT: _____ NOTARY SEAL	CITY OF PUYALLUP SHORT PLAT NO. _____ A PORTION OF ____ 1/4, SECTION ____ TOWNSHIP ____ N. RANGE ____ E. ORIGINAL TRACT ASSESSOR'S PARCEL NO.'S: *NOTICE: THE LAND CONTAINED WITHIN THIS SHORT PLAT MAY NOT BE FURTHER DIVIDED BY ANYONE WITHIN FIVE (5) YEARS OF THE ORIGINAL RECORDING DATE OF THIS SHORT PLAT WITHOUT A FORMAL SUBDIVISION HAVING BEEN FILED WITH THE PIERCE COUNTY AUDITOR. *FUTURE PERMITS: THE APPROVAL OF THIS SHORT PLAT IN NOT A GUARANTEE THAT FUTURE PERMITS WILL BE GRANTED.	DEVELOPMENT ENGINEERING DIVISION DEVELOPMENT ENGINEEERING MANAGER DATE PLANNING DIVISION PLANNING MANAGER DATE FIRE PREVENTION DIVISION FIRE CODE OFFICIAL DATE ASSESSOR/TREASURER I HEREBY CERTIFY THAT ALL STATE AND COUNTY TAXES HERETOFORE LEVIED AGAINST THE SHORT PLATTED PROPERTY DESCRIBED HEREON, ACCORDING TO THE BOOKS AND RECORDS OF MY OFFICE, HAVE BEEN FULLY PAID AND DISCHARGED. ASSESSOR/TREASURER DATE BY AUDITOR'S CERTIFICATE FILED FOR RECORD THIS ____ DAY OF _____, 20____ AT THE REQUEST OF _____ AUDITOR'S FEE NO. _____ FEE: \$ _____ DEPUTY COUNTY AUDITOR ORIGINAL TRACT OWNERS NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____ EXISTING ZONING: _____ SOURCE OF WATER: _____ SEWER SYSTEM: _____ WIDTH AND TYPE OF ACCESS: _____ NUMBER OF SHORT PLATTED LOTS: _____ SCALE: _____
SHORT PLAT FORMAT AVAILABLE IN ELECTRONIC FORMAT UPON REQUEST.		SURVEYOR'S CERTIFICATE THIS MAP CORRECTLY REPRESENTS A SURVEY MADE BY ME OR UNDER MY DIRECTION IN CONFORMANCE WITH THE REQUIREMENTS OF THE SURVEY RECORDING ACT AT THE REQUEST OF: _____ THIS _____ DAY OF _____, 20_____. LICENSE NO. _____ PROFESSIONAL LAND SURVEYOR	