



Location: 400 W. Gowe • Mail to: 220 4th Avenue South • Kent, WA 98032-5895  
Permit Center (253) 856-5302 FAX: (253) 856-6412  
www.ci.kent.wa.us/permitcenter

**Planning Services**

# Short Plat Appeal Application

**Please print in black ink only.**

Application Fee...See Fee Schedule

Appeal #: \_\_\_\_\_ Project # \_\_\_\_\_ KIVA #: \_\_\_\_\_  
OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

• • • • • Applicant, Complete the Following • • • • •

Name of Applicant: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

State What Short Plat Committee Decision Is Being Appealed:  
(Please state project name and file number)

Reasons for Appeal (be specific)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space, please attach additional sheets.

The undersigned property owners, under penalty of perjury, each state that we are all of the legal owners of the property described in Exhibit A which is attached as page \_\_\_\_\_ of this application, and **designate** \_\_\_\_\_ **to act as our agent** with respect to this application. We also certify that the above information is true and correct to the best of our knowledge.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space, please attach documents to this application. If you have any questions, call Planning Services at 253-856-5454.

Date Received \_\_\_\_\_ Received by: \_\_\_\_\_