



SHORT PLAT VACATION INFORMATION

WHAT IS A SHORT PLAT VACATION?

A short plat vacation is used to dissolve or erase a portion of a short plat including easements and notes created by and located within the short plat.

THE PROCESS

A short plat vacation normally involves having a pre-application meeting with County Planning Staff to discuss the application, answer questions, and resolve any issues at the front end of the process. Next, a completed Short Plat Vacation application is submitted to the Planning Division and reviewed by staff for completeness. A copy of the application will be sent out for review to local and State agencies, as well as all neighboring property owners within 300 feet of the subject property.

A notice of application will then be published in the local newspaper and a public hearing will be conducted at which time the application will be heard by the Board of Benton County Commissioners and the public will have an opportunity to comment on the proposed vacation. The Board of Commissioners will review all the information submitted and shall determine whether the public use or benefit is served by the short plat vacation. The Board shall either approve, approve with conditions, or deny the vacation request. After which time the Planning Division will send a letter to the applicant informing them of the Commissioners decision and outlining the recording process.

If the vacation application is to vacate a road or right-of-way, an application for vacation must be filed with the Benton County Road Department.

APPEALS

Any decision is appealable under the terms and conditions as set for in State law.

EXPIRATION

Preliminary approval of a short plat vacation shall expire one (1) year from the date of approval if the conditions of approval have not been satisfied.



SHORT PLAT VACATION CHECKLIST

Applicant Staff

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Short Plat Vacation Application – must include signatures of all parties having an ownership interest in the land to be vacated from the subdivision (short plat) and if an easement or area dedicated for public use is to be vacated, then the signature of all parties having an ownership interest within that subdivision (short plat). Incomplete applications will not be accepted. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Short Plat Map – A copy of the short plat map, measuring no larger than 11” x 17”, showing the proposed vacation. Please highlight the area(s) to be vacated. |
| <input type="checkbox"/> | <input type="checkbox"/> | \$500.00 Short Plat Vacation Fee – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the Benton County Treasurer . All application fees are non-refundable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Names and Addresses of all legal parties affected by the vacation. This includes all legal owners of all lots within the short plat. |

▪ **Please Note:** If the short plat is subject to **restrictive covenants** which were filed at the time of approval of the short plat and the application for vacation will result in the violation of a covenant, the application shall contain a written agreement signed by **all** parties subject to the covenants agreeing to terminate or alter the relative covenants to accomplish the purpose of the vacation.

Applications may be submitted between the hours of 8am-12pm and 1pm-5pm Monday through Friday to the Planning Division at 102206 E Wiser Parkway, Kennewick, WA 99338

Please contact the following departments/agencies to ensure your proposal will be in compliance with their regulations:

- **Benton-Franklin Health District**
7102 W. Okanogan Place, Kennewick, WA 99336
Phone: 460-4205
- **Benton County Road Department**
620 Market Street, Prosser, WA 99350
Prosser: 786-5611 • Tri-Cities: 735-3084



SHORT PLAT VACATION APPLICATION

Application No. _____

APPLICANT INFORMATION

Please check the box indicating primary contact person for this application

Applicant/Agent: _____
Mailing Address: _____ City: _____
State: _____ ZIP: _____ Phone: _____ Work: _____
Email Address: _____
Signature: _____ Date: _____

Property Owner(s) (if different): _____
Mailing Address: _____ City: _____
State: _____ ZIP: _____ Phone: _____ Work: _____
Email Address: _____
Signature: _____ Date: _____

Signatures of Persons with Additional Ownership Interest:

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below showing that the person signing has the authority to sign on behalf of the company.

ENTITY SIGNATURE BLOCK

Applicant/Legal Owner: _____

Officer name: _____

Title: _____

Signature: _____ Date: _____

THE ABOVE SIGNED OFFICER OF _____ (name of entity)

WARRANTS AND REPRESENTS THAT ALL NECESSARY LEGAL AND CORPORATE ACTIONS HAVE BEEN DULY UNDERTAKEN TO PERMIT _____ (name of applicant) TO SUBMIT THIS APPLICATION AND THAT THE ABOVE SIGNED OFFICER HAS BEEN DULY AUTHORIZED AND INSTRUCTED TO EXECUTE THIS APPLICATION.

Any information submitted to the Benton County Planning Division is subject to public records disclosure law for the State of Washington (RCW Chapter 42.17) and all other applicable law that may require the release of the documents to the public.

PARCEL INFORMATION

1. **Subject property address:** _____

City: _____ **State:** _____ **ZIP:** _____

2. **Parcel number:** __ - ____ - ____ - ____ - ____ **3. Acreage:** _____

4. **Present use of property:** _____

5. **Access:** County Road State Road/Highway Private Road

6. **Utilities:** *Power:* Benton PUD Benton REA
Sewer: Septic Tank City Sewer: (Provider) _____

Water: Individual Wells One well serving 2-4 lots One well serving 5+ lots
 Private System (Provider & Address) _____

City System (Provider) _____

Gas: No Yes: (Provider) _____

Cable: No Yes: (Provider) _____

Phone: No Yes: (Provider) _____

Irrigation: No Private District: (Provider) _____

REQUEST DESCRIPTION

7. **Describe the proposed portion of the plat to be vacated:** _____

8. **List other parcels that may be affected by this request:** _____

9. **Give a detailed explanation for the vacation request:** _____

(FOR STAFF USE ONLY) Access: Y N Application Complete: Y N
Critical Areas: N Y: _____ Zoning: _____
Reviewed by: _____ Date: _____

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