

CITY OF HERMISTON

**APPLICATION TO CREATE SUBDIVISION**

Applicant's Name:

Date:

Address:

Phone:  
(Daytime)

Property Owner(s) Name (If Different):

Address:

Phone:  
(Daytime)

Legal Description of Property: Assessor's Map No:

Tax Lot No:

Comprehensive Plan Designation:

Zoning Designation:

Current Use of Property:

Name of Proposed Subdivision:

No. of Lots Proposed:

Name of Roads Providing Access to Proposed Subdivision:

I am the owner/ owner(s) authorized representative.  
(If authorized representative, attach letter signed by owner.)

Applicant's Signature:

Date:

Attach two copies (one digital copy) of the plat (11x17).

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**Office Use Only**

Date Filed:

Received By:

Meeting Date:

Fee (\$900.00 + \$10.00/lot):

Date Paid:

Receipt No: