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CLARK COUNTY STAFF REPORT

DEPARTMENT: Community Development

DATE: May 15, 2013

REQUEST: Amend a recorded short plat by removing note #3 which requires minimum 30-foot side and rear setbacks on all lots.



CHECK ONE: X Consent CAO

BACKGROUND

Preliminary review was completed under case number *FLD2013-00007* for a plat alteration to remove note #3 from a recorded short plat [Book 2, Page 274]. This note requiring minimum 30-foot side and rear yard setbacks was originally imposed due to insufficient fire flow. With availability of public water, the circumstances that necessitated this greater setback have been eliminated.

To finalize this plat alteration, the applicant is required to record a "Declaration Amending Short Plat" with the County Auditor. As required by RCW 58.217.215, signature of the legislative body is required on this document prior to recording.

Deputy Prosecuting Attorney Chris Horne has reviewed, approved, and signed the Declaration for this plat alteration.

COMMUNITY OUTREACH

With the plat alteration application, notice was mailed to the applicant, property owners within the short plat, property owners with 300 feet of the plat, and the Sifton Neighborhood Association. No comments were received.

BUDGET AND POLICY IMPLICATIONS

None

FISCAL IMPACTS

Yes (see attached form) No

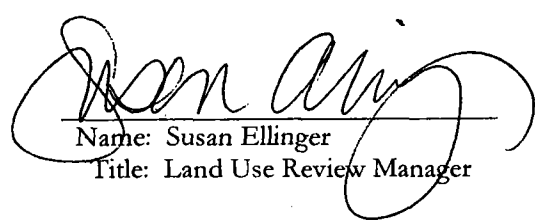
ACTION REQUESTED

Sign original Declaration with maps and return to Department of Community Development for recording.

May 28, 2013

DISTRIBUTION

Chris Horne, Deputy Prosecuting Attorney


Name: Susan Ellinger
Title: Land Use Review Manager

Approved:



CLARK COUNTY
BOARD OF COMMISSIONERS

SR 096-13



**PLAT ALTERATION VIA
DECLARATION
STAFF REPORT & DECISION**



Project Name: HAMILTON PLAT ALTERTION VIA
DECLARATION

Case Number: FLD2013-00007

Location: 9615 NE 144TH Court

Request: Remove the 30-foot building setback requirement of plat note # 3 from the Short Plat recorded in Book 2, Page 274. Removal of the plat note will allow the use of the current side and rear setbacks of 7 feet and 15 feet respectively for all three lots in the plat.

Applicant: Doug Hamilton
9615 NE 144th Ct.
Vancouver, WA 98682
Phone (360) 896-0360
dwhamilton1@comcast.net

Contact Person: Same as applicant

Property Owners: Doug and Susan Hamilton; George and Penny Higdon

DECISION

Approved, subject to conditions

LUR Manager initials:

Handwritten initials of the LUR Manager, appearing to be "JF".

Date Issued: May 9, 2013

Staff Contact: Jan Bazala (360) 397-2375, ext. 4499
E-mail: jan.bazala@clark.wa.gov

Neighborhood Association Sifton Neighborhood Association

EXHIBIT # _____

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Contact:

Christie BrownSilva, President
13504 NE 84th Street, Suite 103-141
Vancouver, WA 98682
Phone: (360) 326-4353, Email: Sifton-na@comcast.net

Legal Description of Property:

Tax lots 154198-000, 154198-005, & 154198-010

Plan/Zone Designation: UL / R1-10

Approval Standards/Applicable Laws:

Clark County Code: Title 15 (Fire Prevention), Section 40.220.010 (Single-Family Residential District), Section 40.510 (Procedures), Section 40.540.120, Alteration and Vacation of Plats, RCW 58.17, and the Clark County Comprehensive Plan.

Public Comments:

None.

Project Overview

In 1988 when the short plat file 87-81-222 recorded in Book 2, Page 274 was approved, fire hydrants were not located in the vicinity. Therefore, the fire marshal required a 30-foot building setback to mitigate for less than ideal fire response. Since that time, fire hydrants have been installed to current standards, and the fire marshal sees no reason the 30 foot building setback should still be required. The site is zoned R1-10, and the "regular" R1-10 setbacks are 7 feet to the side property line, and 15' to the rear.

The applicant wishes to construct a shop approximately 20 feet to the rear property line, but to do that, the plat must be amended to remove the plat note, thus allowing the use of the regular setbacks.

Fire Marshal Jon Dunaway has visited the site, and finds that adequate fire flow exists for all three lots of the plat, so that the 30 foot setbacks are no longer necessary.

Staff Contact Person: Planner Jan Bazala, (360) 397-2375, ext. 4499.

Responsible Official: Marty Snell, Community Development Director

DECISION

Based upon the proposed plan (identified as Exhibit B), and the findings and conclusions stated above, the Development Services Manager hereby **APPROVES** this request, subject to the following conditions of approval:

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CONDITIONS OF APPROVAL

Prior to final approval, the following conditions shall be met:

- A-1 The plat shall be altered by a declaration subject to the following:
- a. The applicant shall submit a signed, notarized declaration with attachments that are in substantial conformity with the attached exhibits. The declaration shall clearly indicate that the original subdivision is only amended as described in this report. All other aspects of the final plat are unaffected.
 - b. The county shall submit the signed declaration for final Board approval.
 - c. Once approved by the board, the declaration shall be recorded with the Clark County Auditor. A copy of the recorded document shall be submitted to the Department of Community Development within 5 years of this preliminary plat alteration approval.
- A-2 Only those lots whose owners sign the declaration shall be subject to the regular R1-10 setbacks.

Note: The Land Use Review Manager reserves the right to provide additional comment and findings of fact regarding this decision, if appealed.

Decision Appeal Process:

An **appeal** of any aspect of this decision may be appealed to the County Hearing Examiner only by a party of record. A "Party of Record" includes the applicant and those individuals who submitted written testimony to the Development Service Manager within the designated comment period.

The appeal shall be filed with the Department of Community Development, Permit Services Center, 1300 Franklin Street, Vancouver, Washington, 98668, within fourteen (14) calendar days from the date the notice of final land use decision is mailed to parties of record. This decision was mailed on May 9, 2013. Therefore any appeal must be received in this office by May 23, 2013.

Any appeal of the final land use decisions shall be in writing and contain the following:

- Case number designated by the County;
- Name of the applicant;
- Name of each petitioner;
- Signature of each petitioner or his or her duly authorized representative;
- A statement showing the following:

- That each petitioner is entitled to file the appeal as an interested party in accordance with CCC 40.510.030(H);
- The specific aspect(s) of the decision being appealed;
- The reasons why each aspect is in error as a matter of fact or law;
- The evidence relied on to prove the error; and,
- The appeal fee of **\$1,727**.

An appeal of any aspect of the Hearing Examiner's decision, except the SEPA determination (i.e., procedural issues), may be appealed to the Superior Court or reconsidered by the Hearing Examiner only by a party of record pursuant to Ordinance 10-19, adopted 10/27/2009 by the Board of County Commissioners.

Attachments:

- Exhibit A-1: copy of existing plat with footnote 3
- Exhibit B: copy of proposed plat without footnote 3
-

A copy of the approved preliminary plan and Clark County Code are available for review at:

**Public Service Center
Department of Community Development
1300 Franklin Street
P.O. Box 9810
Vancouver, WA. 98666-9810
Phone: (360) 397-2375; Fax: (360) 397-2011**

A copy of the Clark County Code is also available on our Web Page at:
Web Page at: <http://www.clark.wa.gov>

Return Address:

Douglas & Susan Hamilton
9615 NE 144th Court
Vancouver, WA 98682

EXHIBIT A

Serial #: 154198000, 154198005, 154198010

Sec-T-R: NE 1/4, S02, T2N, R2E

Project: FLD2013-0007

CD 13-28

**DECLARATION AMENDING PLAT BOOK 2, PAGE 274, FILE #87-81-222,
records of Clark County Washington**

We, Jean Johnson, George and Penny Higdon, husband and wife, and Douglas and Susan Hamilton, husband and wife, the owners of certain real property in Clark County, Washington, legally described therein below (hereinafter "Site"), pursuant to RCW 58.17.215 and CCC 40.540.120, which, under specific circumstances, allows Clark County to approve alterations to recorded plats, file this declaration to accomplish that end.

RECITALS:

Whereas, Michael (deceased) and Jean Johnson, the owner of Lot 1, George and Penny Higdon, husband and wife, the owners of Lot 2; and Douglas and Susan Hamilton, husband and wife, owners of Lot 3; are the owners of property, part of a plat recorded in Book 2, Page 274, the Site, which legal description is set forth by a copy of the previously recorded plat in Exhibit A-1 attached hereto; and

Whereas, the owners have sought to amend the recorded plat to remove 'Special Conditions' of short plat approval note #3 which states "minimum side & rear yard setbacks are 30 feet per Fire Marshal." and

Whereas, the owners have previously received the plat alteration approval with conditions of Clark County in that planning application FLD2013-0007; and

Whereas, this document is required to satisfy the conditions of approval, RCW 58.17.215 and CCC 40.540.120; now, therefore,

1. The undersigned owners declare that they are the sole and exclusive owners of the real property, described in Exhibit A-1 that is affected by the plat alteration. The plat is recorded in Book 2, at Page 274, records of Clark County, Washington.
2. Pursuant to the plat alteration, Clark County has authorized removal of 'Special Conditions' of short plat approval note #3 which states "minimum side & rear yard setbacks are 30 feet per Fire Marshal."
3. A revised drawing of the approved alteration is attached hereto and incorporated herein as Exhibit B.
4. The final plat is only amended as set forth above and in all other aspects are unaffected by this document. A copy of this declaration shall be filed with the Clark County Auditor so as to appear in the chain of title of the affected parcels.

Dated this 28th day of May, 2013.

Approved as to form:

By 
Christopher Horne
Deputy Prosecuting Attorney

County Commissioners

Approved and accepted by the Board of County Commissioners, Clark County, Washington, this 28th day of May, 2013.


Chair of the Board of County Commissioners



Attested by: Rebecca Filton
Clerk to the Board of Clark County Commissioners

Michael J John
of John on behalf of
Michael Johnson (deceased)

5/8/13
Date

J. John
Jean Johnson

5/8/13
Date

George Higdon
George Higdon

5/10/13
Date

Penny B. Higdon
Penny Higdon

5-10-13
Date

Douglas Hamilton
Douglas Hamilton

05/06/2013
Date

Susan Hamilton
Susan Hamilton

5-6-2013
Date

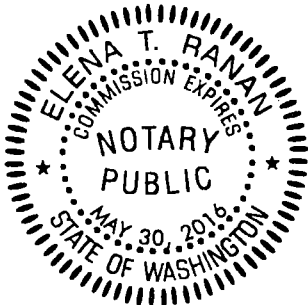
STATE OF WASHINGTON)

:ss

COUNTY OF CLARK)

On this day personally appeared before me Jean Johnson, known to me to be the person that executed the within and foregoing instrument, and acknowledged said instrument to be his/her free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 8th DAY OF MAY, 2013.



Elena T. Ranan

Notary Public in and for the State of Washington, residing at VANCOUVER, WA, therein. My commission expires: MAY 30, 2016

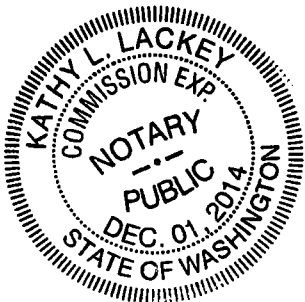
STATE OF WASHINGTON)

:ss

COUNTY OF CLARK)

On this day personally appeared before me George and Penny Higdon, known to me to be the person that executed the within and foregoing instrument, and acknowledged said instrument to be his/her free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 10th DAY OF MAY, 2013.



Kathy L. Lackey

Notary Public in and for the State of Washington, residing at VANCOUVER, therein. My commission expires: 12/01/2014

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **513** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Michael Laton JOHNSON				2. Death Date Jan. 25, 2013	
3. Sex (M/F) Male	4a. Age - Last Birthday 69	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 538-42-8859	6. County of Death Clark
7. Birthdate Oct. 25, 1943		8a. Birthplace (City, Town, or County) Vancouver		8b. (State or Foreign Country) Washington	
9. Decedent's Education High school graduate			10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		
11. Decedent's Race(s) White			12. Was Decedent ever in U.S. Armed Forces? Yes		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 14419 N.E. 99th Street				13b. City or Town Vancouver	
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98682		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 24 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Jean Christine Gunderson	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Customer Service Representative			18. Kind of Business/Industry (Do not use Company Name) Commercial Airline		
19. Father's Name (First, Middle, Last, Suffix) Roland Johnson			20. Mother's Name Before First Marriage (First, Middle, Last) Mary Conner		
21. Informant's Name Jean C. Johnson		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No., City or Town State Zip 14419 N.E. 99th St., Vancouver, Washington 98682	
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) PeaceHealth Southwest Medical Center			26a. City, Town, or Location of Death Vancouver		26b. State WA
27. Zip Code 98664		28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Portland Cremation Center	
30. Location-City/Town, and State Portland, Oregon			31. Name and Complete Address of Funeral Facility Layne's Funeral Home 16 N.E. Clark Ave. (P.O. Box 7) Battle Ground, Washington 98604		32. Date of Disposition Feb. 7, 2013
33. Funeral Director Signature X <i>Dave Hill</i>					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

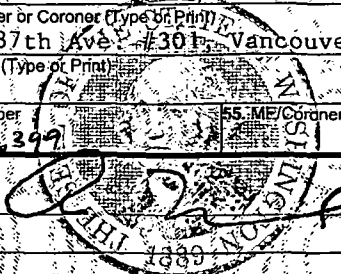
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiac Arrest from Acute Thrombus of Right Coronary Artery	Interval between Onset & Death unknown
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. post-operative day 23 from laparoscopic cholecystectomy for hemorrhagic cholecystitis	Interval between Onset & Death
c.	Interval between Onset & Death
d.	Interval between Onset & Death

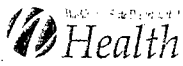
35. Other significant conditions contributing to death but not resulting in the underlying cause given above
None

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street Apt No. City or Town: County: State: Zip Code + 4:		
46. Describe how injury occurred		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date and place and due to the causes and manner stated. <i>Mary Clare Sarff MD</i>		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mary Clare Sarff, M.D., 505 N.E. 87th Ave #301, Vancouver, WA 98664		50. Hour of Death (24hrs) 0427
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) 02/01/2013
53. Title of Certifier M.D.	54. License Number MD60286399	55. ME/Coroner File Number
57. Registrar Signature <i>[Signature]</i>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58. Date Received (MM/DD/YYYY) FEB 06 2013		
59. Amendments		





Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: (City or County) _____

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) _____ 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) _____

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____

All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Hospital /Medical Record, Life Insurance Policy, Marriage/Divorce Record, Numident Report (Social Security Administration), Military Record (DD-214), Birth Record, Passport, School Transcripts (Official), Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012

CERTIFIED

FEB 06 2013

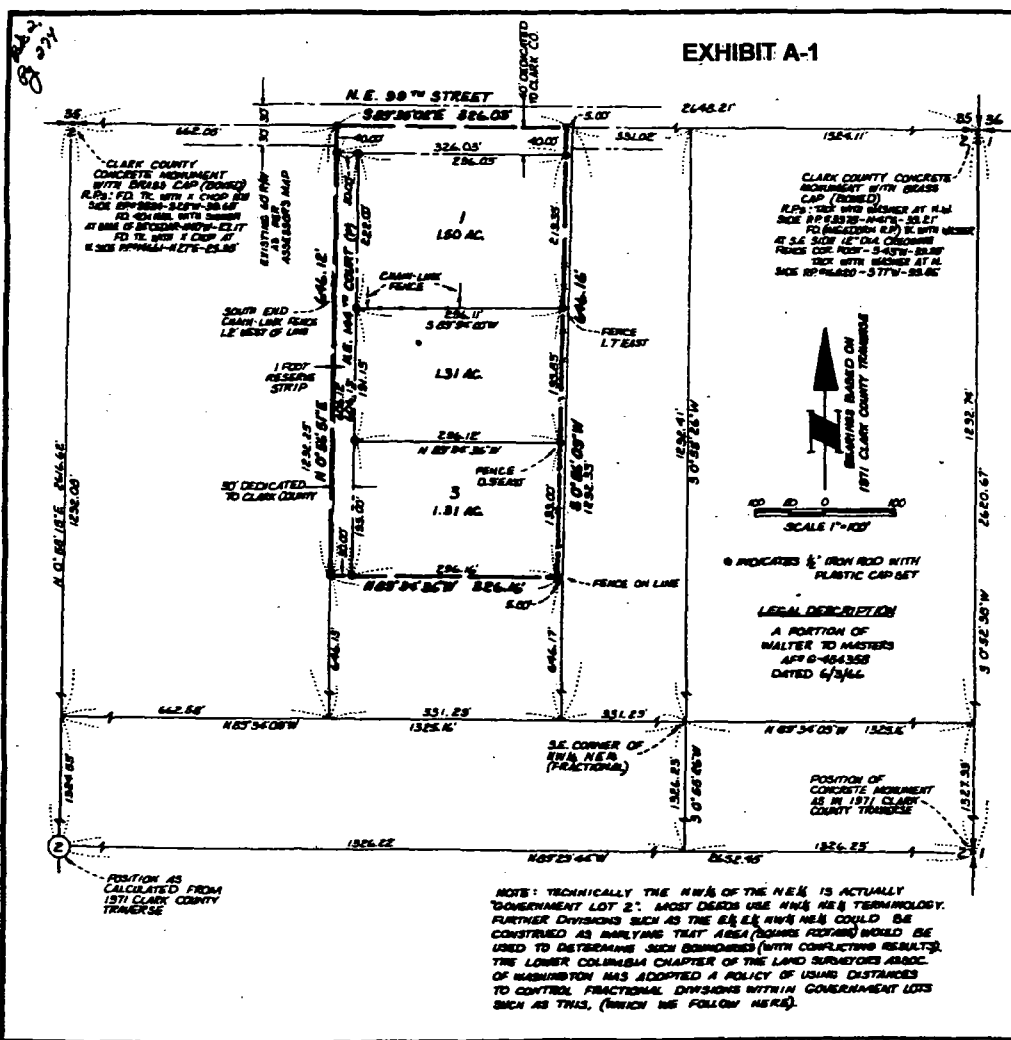
Alan Melnick
Health Officer

Clark County Public Health

XX00173717

EXHIBIT A-1

SHORT PLAT



PORTION 88.1% of N.E.W. SEC. 2, TWP. 24, RGE. 22, W.M.
 Assessor's Parcel No. (s) of original tract, Tax Lot #40
 Serial No. 122192 Short Plat File # 21-81-222

SOUTHWEST WASHINGTON HEALTH DISTRICT
 This short plat is approved in general only.
 An approved public water supply is required.
 An approved public sewerage system is required.
 Individual, on site sewage disposal. Individual approvals to be based on regulations and evaluation at time of permit application.

Walter Masters
 DISTRICT HEALTH OFFICER *8/1/88* DATE

PUBLIC WORKS
 Approved
Ben Shearman *8/1/88*
 COUNTY ASSESSOR

AUDITOR
 Filed for record this *9th* day of *August* 1988
 in Book *2* of Short Plats at page *271* at the
 request of *ROBERT MASTERS*
 Auditor's Receiving No. *8808080153*
Justin Free *8-8-88*
 DEPUTY COUNTY AUDITOR

SURVEYOR'S CERTIFICATE
 This map is a true and correct representation of lands actually surveyed by me or under my direction in conformance with the provisions of R.C.W. 58.17 Laws of Washington.
 SURVEYOR *William J. Simpson* *8-2-88*
 Certificate No. *2579* Date
 Scale: *1"=100'* Job No. *27-222*
 Date: *5/8/88* Drawn By: *G.C.*

NOTE: TECHNICALLY THE N.W.1/4 OF THE N.E.1/4 IS ACTUALLY "GOVERNMENT LOT 2". MOST DEEDS USE N.W.1/4 & N.E.1/4 TERMINOLOGY. FURTHER DIVISIONS SUCH AS THE S.E.1/4 N.W.1/4 NEAR SHOULD BE CONSIDERED AS IMPLYING THAT AREA (BOARDS RECORDS) SHOULD BE USED TO DETERMINE SUCH BOUNDARIES (WITH CONFLICTING RESULTS). THE LOWER COLUMBIA CHAPTER OF THE LAND SURVEYORS ASSOC. OF WASHINGTON HAS ADOPTED A POLICY OF LEAVING DISTANCES TO CENTER, FRACTIONAL DIVISIONS WITHIN GOVERNMENT LOTS SUCH AS THIS, (WHICH WE FOLLOW HERE).

MAINTENANCE OF PRIVATE ROADS
 The creator and developer of this SUBDIVISION shall be responsible for maintenance of all PRIVATE ROADS within this SUBDIVISION for a period of two (2) years from the date of recording of the SUBDIVISION plat. Each lot owner having access to a private road shall participate on an equal basis. NO PRIVATE ROAD will be maintained by the CITY AND WILL BE MAINTAINED BY CITY STANDARDS AND REGULATIONS.

PARCEL ASSESSMENT FEE
 LOT 1-6
 LOT 2-6
 LOT 3-6
 Prior to the issuance of building permits for lots in this short plat, proof of payment of parcel fees shall be provided for that lot.

SPECIAL CONDITIONS OF SHORT PLAT APPROVAL
 1. THERE SHALL BE NO DIRECT ACCESS TO R.E. 99TH ST.
 ALL LOTS SHALL ACCESS THE EASTWEST ALONG THE WEST BOUNDARY OF THE PLAT.
 2. SEPTIC SYSTEM IS TEMPORARY FILLING BEHIND AVAILABLE.
 3. SEWERAGE SHALL BE MADE NEXT ENTRANCE AND NO FERRY FEES FROM MARSHALL.

