

## **LAND USE APPLICATION**

BRIER	File Name:		
	File No(s).:		
Receipt No.:	Receipt Date:	Received By:	Amount.: \$
your project, it is strongly recomn processing can advance in a time and all required items, and a nota	uctions on your applica nended that you speak wi ely manner. Every applica arized affidavit of ownersh	th staff prior to submitti tion must include this c ip (if applicable).	ave any questions about the process or ng your application to help ensure that cover sheet, the application/checklist
Specific Type of Land Use App Conditional Use Permit Critical Areas Review Environmental Review (SEPA) Landscape Plan Review Please Print or Type Legibly	Lot Line Adj	ustment / Combination  Dwelling Unit  vision (Short Plat)	<ul><li>Variance</li><li>Wireless Communication Facility</li><li>Other (please specify):</li></ul>
Site Address(es):			
Assessor Parcel Number(s) – (A	PNs):		
Zoning:		Comp. Plan Design	nation:
Applicant:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:	<u>,                                      </u>		
Contact Person, if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:		, ·	
Property Owner(s), if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
	State.	Σip.	I ax.
E-Mail:  Description of Proposal:			

### LAND USE APPLICATION



I certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my knowledge. I understand that this application <u>does not</u> constitute approval of permits and/or work to be performed. I certify that I am or represent the owner and am acting with the owner's full knowledge and consent. I further understand that...

Initials					
	This application applies only to the property for which it is approve	ed and is non-transferable.			
	Approval of an application does not in any way replace, modify or of the proposal with other applicable standards or regulations. It is the become aware of the requirements of the BMC. The approval of any of applicable codes have been met.	ne responsibility of the owner / applicant to			
	The burden of proof rests with the applicant.				
	An application may be amended only in writing Submittal of this application grants the appropriate city officials the right of entry to the project site during reasonable hours.				
	Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.				
	It is the applicant's responsibility to request required inspections a minimum of twenty four (24) hours in advance at (425) 755-5440.				
	By submitting this application, I consent to pay any fees incurred	for engineering or outside consultant review.			
Signature of Owner/Agent: Date:					
	Please Print Name:				
	FOR CITY USE ONLY				
Date	Action / Notes	Initials			

Phone: (425) 775-5440

# BRIER ESTD 1965

#### **CRITICAL AREAS REVIEW**

File No./Name:	
Site Address:	

**Critical Areas Review** is required prior to construction on any property with or adjacent to critical areas. Staff strongly encourages applicants to become familiar with the requirements of Brier Municipal Code (BMC) Title 18 – Critical Areas.

Critical areas include, but are not limited to:

- Wetlands (BMC 18.20): Land where water is present at or near the surface of the soil for all or part of the year;
- Critical Aquifer Recharge Areas (BMC 18.30): Land where surface water recharges an aquifer used for drinking;
- Frequently Flooded Areas (BMC 18.40): Land designated by the federal government or the City as frequently flooded:
- Geologically Hazardous Areas (BMC 18.50): Land susceptible to erosion, landslide or seismic hazard due to soil composition, previous movement, or steep slopes of 40% or greater;
- Streams (BMC 18.60): Perinnial or intermittent streams, regardless of salmonid fish habitat; and
- <u>Fish and Wildlife Habitat Conservation Areas (BMC 18.70)</u>: Any area with the presence of a species that is proposed or listed as endangered, threatened, or sensitive by the federal or state government.

An application for **Critical Areas Review** is complete when it is accompanied by the following items. Additional information may be required. No application shall be considered complete if any of the required information is missing.

REQUIRED SUBMITTALS				For Staff Use ONLY	
	1.	Land Use Application Cover Sheet, with original signature(s) and Application Deposit: \$1200.		Verified	Waived
	2.	Two (2) copies of a Critical Area Report prepared by a qualified professional as defined in BMC 18.80.170, prepared in compliance with BMC 18.10.160, containing the following:			
		A.	A written description of the proposal;		
		B.	The dates, names, and qualifications of the person(s) preparing the report and documentation of any fieldwork performed on the site;		
		C.	Identification and characterization of all critical areas, wetlands, water bodies, and buffers adjacent to the proposed project area;		
		D.	A statement specifying the accuracy of the report, and all assumptions made and relied upon;		
		E.	An assessment of the probable cumulative impacts to critical areas resulting from development of the site and the proposed development;		
		F.	An analysis of site development alternatives;		
		G.	A discussion of the performance standards applicable to the critical area and proposed activity;		
		H.	Estimated cost for installation, maintenance and monitoring of any proposed mitigation efforts; and		
		I.	Any additional information required for the critical area as specified in the BMC.		
□ 3.			o (2) copies of a Site Plan prepared by a qualified professional as defined in BMC 80.170, prepared in compliance with BMC 18.10.160, containing the following:		
		A.	Date, scale, north arrow, vicinity map, property dimensions and size;		
		B.	Address, parcel number(s), and legal description of the subject property;		
		C.	Name, address and phone number of the property owner and qualified professional;		
		D.	Location and dimensions of all existing and proposed structures, driveways, and utilities;		
		E.	Locations of all trees with species name and caliper, including those proposed for removal and any diseased or damaged trees;		
		F.	Identified critical areas and buffers;		
		G.	Limits of any areas to be cleared; and		
		Н.	A description of the proposed stormwater management plan for the development and consideration of impacts to drainage alterations.		

Phone: (425) 775-5440

## **CRITICAL AREAS REVIEW**



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REQUIRED SUBMITTALS					Waived
	4.	pre	ny alteration to the critical area is proposed, provide two (2) copies of a Mitigation Plan pared by a qualified professional as defined in BMC 18.80.170, prepared in compliance a BMC 18.10.190 and 18.10.200, containing the following:		
		A.	A description of the anticipated impacts to the critical areas and the mitigating actions proposed and the purposes of the compensation measures, including the site selection criteria;		
		B.	Identification of compensation goals and resource functions;		
		C.	Dates for beginning and completion of site compensation construction activities;		
		D.	A review of the best available science supporting the proposed mitigation and a description of the report author's experience to date in restoring or creating the type of critical area proposed;		
		E.	An analysis of the likelihood of success of the compensation project;		
		F.	Measurable specific criteria for evaluating whether or not the goals and objectives of the mitigation project have been successfully attained and whether or not the requirements of Title 18 BMC have been met;		
		G.	A written evaluation of each function affected by the alteration to achieve functional equivalency or improvement on a per function basis. Mitigation shall achieve equivalent or greater biologic functions and shall include mitigation for project-related adverse impacts upstream or downstream of the development proposal site;		
		Н.	Detailed construction plans meeting the requirements of BMC 18.10.200(C);		
		I.	A program for monitoring construction of the compensation project, and for assessing a completed project meeting the requirements of BMC 18.10.200(D); and		
		J.	Identification of potential courses of action, and any corrective measures to be taken if monitoring or evaluation indicates project performance standards are not being met.		
	5.		proposals associated with specific types of critical areas, the additional information uired by the Brier Municipal Code:		
		A.	Wetlands – BMC 18.20.030;		
		B.	Critical Aquifer Recharge Areas – BMC 18.30.030;		
		C.	Frequently Flooded Areas – BMC 18.40.020;		
		D.	Geologically Hazardous Areas – BMC 18.50.050 and BMC 18.50.060;		
		E.	Streams – BMC 18.60.020; and/or		
		F.	Fish and Wildlife Habitat Conservation Areas – BMC 18.70.030.		
	6.		ompleted State Environmental Policy Act (SEPA) application, unless the project is egorically exempt from SEPA review.		
	7.	A n	otarized Affidavit of Ownership for all property owner(s), with original signatures.		
	8.		e (1) set of reduced copies (no larger than 11x17") of all plans and oversized documents, s one (1) electronic copy.		
			FOR CITY USE ONLY		
Date			Action / Notes		

## BRIER ESTD 1965

## **AFFIDAVIT OF OWNERSHIP**

BKILK ESTD 1965	File No./Name	e:		
2310 1903	Site Address	S:		
Property Owner:				
Contact Address:		Phone:		
express interest in additional pa	arcels involved in	ect property must complete this form. If the above property owner has an the listed project than there is space provided for below, those parcel t be provided on further copies of this form. Full legal descriptions may		
Site Address:		APN:		
Legal Description:				
Site Address:		APN:		
Legal Description:				
Site Address:		APN:		
Legal Description:				
		Be Completed in the Presence of a Notary Public ng duly sworn, depose and say that I am the owner of record of that		
certain real property identified a	as Snohomish Co	ounty Parcel Number(s)		
provided in this application, incl	uding all submitt	, and that the information als and attachments, is true and correct to the best of my knowledge.		
Signature of Owner:		Date:		
Please Print Name:				
STATE OF	)	I certify that I know or have satisfactory evidence that is the person		
COUNTY OF	) ss. )	who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.		
		SUBSCRIBED AND SWORN TO before me this day of		
		20		
		NAME (print):		
		NAME (sign):		
		Notary Public in and for the State of		
		Commission Expires:		