



CITY OF
BRIER
ESTD 1965

LAND USE APPLICATION

File Name: _____

File No(s): _____

Receipt No.: _____ Receipt Date: _____ Received By: _____ Amount: \$ _____

Instructions for Applicants

Please read and follow all instructions on your application carefully. If you have any questions about the process or your project, it is strongly recommended that you speak with staff prior to submitting your application to help ensure that processing can advance in a timely manner. Every application must include this cover sheet, the application/checklist and all required items, and a notarized affidavit of ownership (if applicable).

Specific Type of Land Use Application to be submitted (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Adjustment / Combination | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Critical Areas Review | <input type="checkbox"/> Secondary Dwelling Unit | <input type="checkbox"/> Wireless Communication Facility |
| <input type="checkbox"/> Environmental Review (SEPA) | <input type="checkbox"/> Short Subdivision (Short Plat) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Landscape Plan Review | <input type="checkbox"/> Subdivision (Long Plat) | |

Please Print or Type Legibly

Site Address(es):			
Assessor Parcel Number(s) – (APNs):			
Zoning:		Comp. Plan Designation:	
Applicant:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
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:
E-Mail:			
Description of Proposal:			



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 does not 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 approved and is non-transferable.
- _____ ... Approval of an application does not in any way replace, modify or waive any requirement for the compliance of the proposal with other applicable standards or regulations. It is the responsibility of the owner / applicant to become aware of the requirements of the BMC. The approval of any plans does not guarantee that all provisions of applicable codes have been met.
- _____ ... 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



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AFFIDAVIT OF OWNERSHIP

File No./Name: _____

Site Address: _____

Property Owner: _____

Contact Address: _____

Phone: _____

Any person with a verifiable interest in the subject property must complete this form. If the above property owner has an express interest in additional parcels involved in the listed project than there is space provided for below, those parcel numbers and associated legal descriptions must be provided on further copies of this form. Full legal descriptions may be attached separately.

Site Address: _____

APN: _____

Legal Description: _____

Site Address: _____

APN: _____

Legal Description: _____

Site Address: _____

APN: _____

Legal Description: _____

AFFIDAVIT OF OWNERSHIP – To Be Completed in the Presence of a Notary Public

I, _____, being duly sworn, depose and say that I am the owner of record of that certain real property identified as Snohomish County Parcel Number(s) _____, and that the information provided in this application, including all submittals and attachments, is true and correct to the best of my knowledge.

Signature of Owner: _____

Date: _____

Please Print Name: _____

STATE OF _____)

COUNTY OF _____)

) ss.

I certify that I know or have satisfactory evidence that

_____ is the person 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: _____