



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: | | | |
| | | | |

