



LAND USE APPLICATION ZONING PERMIT

COMMUNITY & ECONOMIC DEVELOPMENT

18204 59 Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

FOR AGENCY USE	Date:	File:	Fee: \$
PERMIT TYPE			
Type of Zoning Permit	<input type="checkbox"/> Binding Site Plan (< 9 lots) <input type="checkbox"/> Boundary Line Adjustment <input type="checkbox"/> Cottage (≤19 Units) <input type="checkbox"/> Forest Practice <input type="checkbox"/> Multi-Family (≤19 Units) <input type="checkbox"/> Short Plat Preliminary <input type="checkbox"/> Short Plat Final <input type="checkbox"/> Site Plan Review (<4 ac.) <input type="checkbox"/> Special Event	Required Submittals (Check All That Apply)	<input type="checkbox"/> Auxiliary Sheet <input type="checkbox"/> Shoreline Substantial <input type="checkbox"/> Design Review – Admin. <input type="checkbox"/> Design Review – Board <input type="checkbox"/> SEPA <input type="checkbox"/> Traffic – City <input type="checkbox"/> Traffic – County <input type="checkbox"/> Traffic – State
SITE INFORMATION			
Site Address <small>(Use block # if no bldg. #)</small>		Tax Parcel ID Number(s)	
Acreage & Square Footage Of Property		Zoning Classification	
Water Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed	Sewer Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed
Existing Use of Property			
On-Site Critical Areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Area Type <small>(e.g. wetland, steep slope, etc.)</small>	
Has Site Been Logged in Past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will Site Be Logged as Part of This Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	OWNER	APPLICANT	CONTACT
Name			
Full Address			
Phone Number			
E-mail			
Relationship of Applicant to Property (check one)	<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser	<input type="checkbox"/> Lessee
	<input type="checkbox"/> Other: _____		
	PROJECT ARCHITECT	PROJECT ENGINEER	PROJECT SURVEYOR
Name			
Full Address			
Phone Number			
E-mail			

PRELIMINARY SHORT PLAT & BINDING SITE PLAN APPLICATION ONLY	
Project / Plat Name	
Total No. of Proposed Lots	
Total Number of Proposed Units	
By Dwelling / Use Type	Single Family
	Two Family
	Multi-Family
	Commercial
	Industrial
Has this property been subdivided, or has application for subdivision been made, within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Provide Applicant Name & Plat Name	
FINAL SHORT PLAT APPLICATION ONLY	
Date Preliminary Plat Approved	
Improvements have been:	<input type="checkbox"/> Built <input type="checkbox"/> Bonded <input type="checkbox"/> Some Built, Some Bonded <input type="checkbox"/> Other:
SHORELINE DEVELOPMENT ONLY (Required for all Development Within or Adjacent to a Shoreline)	
Will this Proposal be a Substantial Development as Defined in AMC §20.92.010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shoreline Environmental Designation (if yes)	
Are you requesting a Shoreline Variance as allowed under AMC §20.92.130?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FOREST PRACTICE (For Clearing >10,000sf) <u>AND</u> MITIGATION FOR SIGNIFICANT TREE REMOVAL (All Applications)	
Associated Land Use Permit No	
Number of Significant Trees to be Harvested	
Total Acreage to be Harvested	
Is there a Current Development Moratorium on the Site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Forest Land Conversion	<input type="checkbox"/> Class IV – General <input type="checkbox"/> Class IV – Special _____
Significant Tree Mitigation Options (A, B, or C)	
Will Significant Trees be Removed During any Phase of this Proposed Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A) Number of Trees to be Replanted On-Site (3:1 Ratio)	
<u>OR</u> Date Completed	(For Agency Use Only)
B) Number of Trees to be Replanted Off-Site (3:1 Ratio)	Location:
<u>OR</u> Date Completed	(For Agency Use Only)
C) Tree Mitigation In-Lieu Fee	(# of Harvested Trees) _____ X (3) X (Tree Cost) = _____
Date Paid	
Receipt No	

APPLICANT CERTIFICATION

I certify that I am the Owner or Owner's authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above referenced address for the purpose of filing applications for permits or review under the Arlington Municipal Code and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I do hereby declare under penalty of perjury under the laws of the state of Washington that I have familiarized myself with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my knowledge and belief.

DATED AT _____, Washington on this date: _____

Applicant's Signature: _____

REAL PROPERTY OWNER CERTIFICATION

I do hereby declare under penalty of perjury under the laws of the state of Washington that I am the owner of the subject property or an officer/member of the entity owning the subject property, that it is my desire to seek the subject land use permit, and that I will abide by any requirements and conditions that may be part of the approval of this request. I also hereby grant permission for City employees, agents of the City and/or other agency officials to enter the subject property, if necessary, for the purpose of site inspections.

DATED AT _____, Washington on this date: _____

Owner's Signature: _____

All other property owners of the subject property must also sign below (attach additional sheets if necessary):

1) Name: _____ Signature: _____

Address: _____ Phone: _____

2) Name: _____ Signature: _____

Address: _____ Phone: _____

3) Name: _____ Signature: _____

Address: _____ Phone: _____

AUXILIARY SHEET

FOREST PRACTICE

ZONING PERMIT

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Office Hours: Monday – Friday 8AM to 5PM (Closed Holidays)

INSTRUCTIONS

Table I below is a checklist of items that must be submitted as part of your zoning permit application for forest practice. Table II below outlines the minimum information that must be provided on your plan sheets. Numbers in parenthesis equal the number of copies required. Please use only paper clips and/or binder clips when assembling documents.

All Boundary and Topographic Surveys must be prepared by—or under the supervision of—a professional land surveyor registered in the State of Washington.

If you have any questions about what is required, or if you would like to schedule a pre-application meeting, please call our department main line listed above.

No appointment is necessary for application submittal but it is highly encouraged.

TABLE I - CHECKLIST

- (1) CD-R with Individual PDFs of Each Item Listed Below ↓
- (1) Vicinity Map (on 8½" X 11")
- (1) Copy of Maintenance Bond or Other Surety Device, if Applicable
- (1) Copy of Preliminary Plat Permit Conditions, if Applicable
- (1) Copy of Tree Cost Invoice, If Applicable (5-gallon evergreen)
- (1) Written Narrative Describing the Following:
 - Purpose of Tree Harvesting
 - Post-Conversion Use of Property
 - Species of Trees to be Removed



SITE PLANS (see Table II)

- (2) Full Size
- (2) 11"X17"

TREE SURVEY (see Table II)

- (2) Full Size
- (2) 11" X 17"

REPORTS

- (2) Critical Area Study (if Critical Areas are located within 200ft. of any proposed site disturbance or tree harvest)
- (2) Functions & Values Analysis (including a mitigation plan), If Applicable
- (2) SEPA Checklist

TABLE II –PLAN SHEET REQUIREMENTS

SITE PLAN SHEET(S)

- Title Block (locate at top center of sheet) that includes the following:
 - Name & Class Number of Forest Practice
 - Date Drawing was Prepared or Revised
- Existing Lot Lines Within or Adjacent to the Project Site
- Existing and Proposed Rights-of-Way (include dimensions & street name)
- Existing and Proposed Easements (include dimensions)
- Existing Critical Area Boundaries and Associated Buffers On-Site and Within 150ft. of Site
- Building Location (whether proposed, expanded, retained, or relocated)
- Site Ingress/Egress (existing and/or proposed)
- Geographical Area(s) of Trees/Stumps that are to be Removed
- Geographical Area(s) of Past On-Site Harvesting (include date)
- Location of Post-Harvest Land Development
- Location and boundaries of prior forest practice prior to permit approval including any infringement into Critical Areas and their Associated Buffers, if Applicable

TREE SURVEY SHEET(S)

- Location of Existing Significant Trees (signify which significant trees will be removed)
- Location of Where Replacement Trees are to be Planted (if applicable)