



LAND USE APPLICATION
CONDITIONAL USE 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 Conditional Use Permit	<input checked="" type="checkbox"/> Binding Site Plan (> 9 Lots) <input type="checkbox"/> Cottage (≥ 50 Units) <input type="checkbox"/> Major Plat Preliminary <input type="checkbox"/> Major Plat Final <input checked="" type="checkbox"/> Multi-Family (≥ 50 Units) <input checked="" type="checkbox"/> Site Plan Review	Required Submittals (Check All That Apply)	<input type="checkbox"/> Auxiliary Sheet <input type="checkbox"/> Shoreline Substantial <input checked="" type="checkbox"/> Design Review – Admin. <input type="checkbox"/> Design Review – Board <input checked="" type="checkbox"/> SEPA <input checked="" type="checkbox"/> Traffic – City <input type="checkbox"/> Traffic – County <input type="checkbox"/> Traffic – State
SITE INFORMATION			
Site Address (Use block # if no bldg. #)	18405 35th Ave NE	Tax Parcel ID Number(s)	31052100200100 00729800000100 - ...600
Acreage & Square Footage Of Property	3.53 acres 153,767 sf	Zoning Classification	RMD
Water Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed	Sewer Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed
Existing Use of Property	Vacant + Vacant SFRs		
On-Site Critical Areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Critical Area Type (e.g. wetland, steep slope, etc.)	N/A
Has Site Been Logged in Past 6 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will Site Be Logged as Part of This Project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	OWNER	APPLICANT	CONTACT
Name	Goldstream Venture Partners	Graves + Associates	Glenna Mahar
Full Address	PO Box 1727 Bellevue WA 98009	3110 Ruston Way Suite E Tacoma WA 98402	3110 Ruston Way Suite E Tacoma WA 98402
Phone Number		(253) 272-4214	(253) 272-4214
E-mail	tiffinybrown@icloud.com	gmahar@gravesassoc.com	gmahar@gravesassoc.com
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	Jon Graves / Graves + Associates	Eric Scott / TerraVista NW	Travis Bradley / Axis Survey and Mapping
Full Address	3110 Ruston Way Suite E Tacoma WA 98402	526 N West Ave #18 Arlington WA 98223	15241 NE 90th St Redmond WA 98052
Phone Number	(253) 272-4214	(425) 422-0840	(425) 823-5700
E-mail	jcgraves@gravesassoc.com	erics@terravistanw.com	travis@axismap.com

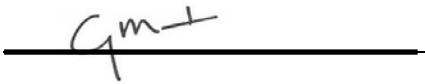
PRELIMINARY MAJOR PLAT & BINDING SITE PLAN APPLICATION ONLY		
Project / Plat Name	Arlington Multifamily	
Total No. of Proposed Lots	2 proposed lots	
Total Number of Proposed Units	96 proposed units	
Will this be a Unit Lot Division?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
By Dwelling / Use Type	Single Family	
	Two Family	
	Multi Family	96 proposed units
	Commercial	
	Industrial	
Has this property been subdivided, or has application for subdivision been made, within the last 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, Provide Applicant Name & Plat Name		
FINAL MAJOR 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		

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 Tacoma, Washington on this date: December 15, 2020

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 Edmonds, Washington on this date: 12-15-2020

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: _____