



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 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 type="checkbox"/> Site Plan Review	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 checked="" 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>	SW 21 T31N R 5E	Tax Parcel ID Number(s)	310521-003-073-00
Acreage & Square Footage Of Property	1.85 Acres (80,399sf)	Zoning Classification	Highway Commercial (HC)
Water Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed	Sewer Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed
Existing Use of Property	EMPTY LOT (NO USE)		
On-Site Critical Areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Critical Area Type <small>(e.g. wetland, steep slope, etc.)</small>	NONE
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	Cascade Apartments LLC	ImarArch Solutions	Simon Simon
Full Address	2224 Kamber Rd Bellevue, WA 98007	16520 Larch Way #U-3 Lynnwood, WA 98037	16520 Larch Way #U-3 Lynnwood, WA 98037
Phone Number	425.829.3649	206.612.0330	206.612.0330
E-mail	Rsand76@yahoo.com	simon@imararchsolutions.com	simon@imararchsolutions.com
Relationship of Applicant to Property (check one)	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Lessee	<input checked="" type="checkbox"/> Other: <u>Project Manager</u>	
PROJECT ARCHITECT		PROJECT ENGINEER	PROJECT SURVEYOR
Name	ImarArch Solutions	Harmsen LLC	Harmsen LLC
Full Address	16520 Larch Way #U-3 Lynnwood, WA 98037	125 East Main St. Ste 104 Monroe, WA 98272	125 East Main St. Ste 104 Monroe, WA 98272
Phone Number	206.612.0330	360.794.7811	360.794.7811
E-mail	simon@imararchsolutions.com	DavidH@harmssenllc.com	DougS@harmssenllc.com

Received

SEP 27 2021

PLN-888

PRELIMINARY MAJOR PLAT & BINDING SITE PLAN APPLICATION ONLY

Project / Plat Name	CASCADE MIXED-USE
Total No. of Proposed Lots	
Total Number of Proposed Units	105
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
	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)
AND MITIGATION FOR SIGNIFICANT TREE REMOVAL (All Applications)

Associated Land Use Permit №	
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 City of Arlington, Washington on this date: 9/27/2021

Applicant's Signature: Simon²

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: _____