

LAND USE APPLICATION



LAND USE REQUEST COUNCIL DECISIONS COMMUNITY & ECONOMIC DEVELOPMENT

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

FOR AGENCY USE		Date:		File:		Fee: \$	
REQUEST TYPE							
Type of Land Use Request	<input type="checkbox"/> Annexation <input type="checkbox"/> Appeal <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Land Use Code Amendment <input type="checkbox"/> Rezone			Required Submittals (Check All That Apply)		<input type="checkbox"/> Land Use Request Submittal Requirements Checklist <input type="checkbox"/> Required Submittal Items	
SITE INFORMATION							
Project Name							
Site Address <small>(Use block # if no bldg. #)</small>				Tax Parcel ID Number(s)			
Property Acreage				Zoning Classification			
Property Square Feet				Use Classification No.			
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>			
		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							

ANNEXATIONS			
Type of Annexation Method	<input type="checkbox"/> Election Method <input type="checkbox"/> Direct Petition Method <input type="checkbox"/> Municipal Method <input type="checkbox"/> Alternative Direct Petition Method <input type="checkbox"/> Interlocal Agreement Method (for areas served by fire district) <input type="checkbox"/> Interlocal Agreement Method (Unincorporated Island)		
Is the Proposed Area Within the City's Urban Growth Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <small>*Only lands within the City's UGA can be considered for annexation.</small>	Pre-Zoning Classification	
Total Acreage of Area to Annex		Proposed Zoning Classification	
APPEALS			
Original or Associated Land Use File Number		FOR AGENCY USE	Date & Time of Submittal
Date of Original Decision			
COMPREHENSIVE PLAN AMENDMENT			
Chapter or Section			
Proposed Changes			
LAND USE CODE AMENDMENT			
Chapter or Section			
Proposed Changes			
REZONE			
Current Zoning Classification		Proposed Zoning Classification	
Description of Proposal			

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.

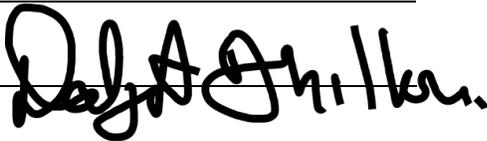
DATED AT _____, Washington on this date: _____

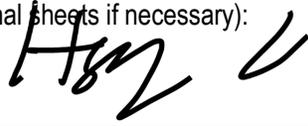
Applicant's Signature: 

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: _____



City of Arlington

18204 59th Avenue NE
 Arlington, Washington 98223
 (360) 403-3551

Received
 Stamp

Land Use Request – Submittal Requirements City Council Decision

➤ **The number indicates the item is required for submittal and the number of copies required**
 ➤ **• Indicates the item shall, upon request, be required for submittal**

General Information Meeting Date: _____
Submittal Date: _____

Submittal Requirements	Complete Submittal Item?			Annexation	Appeal	Comprehensive Plan Amendment	Land Use Code Amendment	Rezone
	Yes	No	N/A					
General Application:								
Land Use Application Form & Submittal Checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
Statement of Proposal or Intent per Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
Legal Description with Property Map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1		1		1
SEPA Checklist ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•	•	•	•	•
Public Notice Materials ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•	•	•	•	•
Review Fees ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
USB Flash Drive with PDF's of Submitted Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
Annexation Information⁴:								
10% Intent to Annex Petition with Signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1				
60% Intent to Annex Petition with Signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1				
Snohomish County Assessor Property Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1				
Boundary Review Board Fee ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1				

NOTES:

- SEPA Checklist Non-Project Action Requirements
- See Public Notice Materials Requirements
- See the City of Arlington Adopted Fee Schedule.
- See the Annexation Submittal Requirements.
- Payment of fee prior to submittal to the Boundary Review Board.

All supplemental forms, checklists or requirements can be found at <http://www.arlingtonwa.gov/269/Applications-Forms>

FOR CITY USE ONLY

This application is complete.

This application is incomplete. See items noted above.

• The City of Arlington may require additional information. The applicant will be notified in writing if additional information is necessary.

These submittal requirements are for the City of Arlington permits only. Additional permits may be required by federal, state, regional or local agencies. It is the responsibility of the applicant to ascertain whether other permits are required.

 Community Development Representative

 Date