

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 checked="" type="checkbox"/> Rezone	Required Submittals (Check All That Apply)	<input type="checkbox"/> Land Use Request Submittal Requirements Checklist <input checked="" type="checkbox"/> Required Submittal Items		
SITE INFORMATION					
Project Name	FIR LANE REZONE		31051100202300		
Site Address <small>(Use block # if no bldg. #)</small>	400, 405 AND 438	Tax Parcel ID Number(s)	31051100202400		
	FIR LANE		31051100202500		
Property Acreage	7.84	Zoning Classification			
Property Square Feet		Use Classification No.			
Water Supply	Current	Proposed	Sewer Supply	Current	Proposed
	CITY	CITY		CITY	CITY
Existing Use of Property	RESIDENTIAL				
On-Site Critical Areas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Critical Area Type <small>(e.g. wetland, steep slope, etc.)</small>	STEEP SLOPE	
OWNER		APPLICANT		CONTACT	
Name	CURT MEDIA ESTATE		JOHN CLARKE	JOHN CLARKE	
Full Address	405 FIR LANE		13127 66 th PL NE	13127 66 th PL NE	
	ARLINGTON, WA		KIRKLAND, WA	KIRKLAND WA	
Phone Number	425-870-6440		206-295-3563	206-295-3563	
E-mail			lisa.john.clarke@curtmedia.com	JCLARKE@1312766THPLNEJ	
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: AGENT FOR CURT MEDIA ESTATE		
PROJECT ARCHITECT		PROJECT ENGINEER		PROJECT SURVEYOR	
Name	N/A		N/A	N/A	
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	RLC	Proposed Zoning Classification	RMOD
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 Arlington, Washington on this date: 1/29/2025

Applicant's Signature: [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 Arlington, Washington on this date: 1/23/2025

Owner's Signature: [Signature] Executor of the Estate of Curtis O. Hecla

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					
General Application:							
Land Use Application Form & Submittal Checklists	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
Statement of Proposal or Intent per Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
Legal Description with Property Map APPEAL VIAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1		1		1
SEPA Checklist ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>	•	•	•	•	•
Public Notice Materials ²	<input checked="" type="checkbox"/>	<input type="checkbox"/>	•	•	•	•	•
Review Fees ³	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
USB Flash Drive with PDF's of Submitted Documents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1
Annexation Information*:							
10% Intent to Annex Petition with Signatures	<input type="checkbox"/>	<input type="checkbox"/>	1				
60% Intent to Annex Petition with Signatures	<input type="checkbox"/>	<input type="checkbox"/>	1				
Snohomish County Assessor Property Information	<input type="checkbox"/>	<input type="checkbox"/>	1				
Boundary Review Board Fees	<input type="checkbox"/>	<input type="checkbox"/>	1				

NOTES:

1. SEPA Checklist Non-Project Action Requirements
2. See Public Notice Materials Requirements **500' DATAUS MAP + LABEL - SNOLO**
3. See the City of Arlington Adopted Fee Schedule.
4. See the Annexation Submittal Requirements.
5. 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 _____