

LAND USE APPLICATION



LAND DIVISION PERMIT COMMUNITY & ECONOMIC DEVELOPMENT

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

FOR AGENCY USE	Date:	File:	Fee: \$
PERMIT TYPE			
Administrative Decision	<input type="checkbox"/> Binding Site Plan (≤ 9 lots) <input type="checkbox"/> Boundary Line Adjustment <input type="checkbox"/> Minor Plat Preliminary (≤ 9 lots) <input type="checkbox"/> Minor Plat Final (≤ 9 lots) <input type="checkbox"/> Unit Lot Preliminary (≤ 9 lots) <input type="checkbox"/> Unit Lot Final (≤ 9 lots)	Required Submittals (Check All That Apply)	<input type="checkbox"/> Land Division Submittal Requirements Checklist <input type="checkbox"/> Required Submittal Items <input type="checkbox"/> Shoreline Substantial <input type="checkbox"/> Design Review – Admin. <input type="checkbox"/> Design Review – Board
Hearing Examiner or Council Decision	<input type="checkbox"/> Binding Site Plat (≥ 10 lots) <input type="checkbox"/> Major Plat Preliminary (≥ 10 lots) <input type="checkbox"/> Major Plat Final (≥ 10 lots) <input type="checkbox"/> Unit Lot Preliminary (≥ 10 lots) <input type="checkbox"/> Unit Lot Final (≥ 10 lots)		
SITE INFORMATION			
Site Address (Use block # if no bldg. #)			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 (e.g. wetland, steep slope, etc.)	
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			

PROJECT DETAILS

Project / Plat Name		
Total Number of Proposed Lots		
Total Number of Proposed Units		
By Dwelling / Use Type	Single Family	
	Duplex	
	Townhouse	
	Multi-Family	
	Other	
By Non-Residential Use Type	Commercial	
	Industrial	
	Other	

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
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If Yes, Provide Applicant Name & Plat Name	
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FINAL 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:

**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 (If, no, then no mitigation is required)
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)	
<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 №	

SHORELINE DEVELOPMENT ONLY (Required for all Development Within or Adjacent to a Shoreline)	
Will this Proposal be a Substantial Development as Defined in AMC §20.93?	<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
All projects subject to a Shoreline Substantial Development Permit are required to be processed concurrently.	

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: *Rob Risinger*

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: _____

Lindsay Annexation

Tax numbers:

310526-001-001-00

310526-001-002-00

310526-001-022-00

310526-001-023-00

310526-002-006-00

310526-001-003-00

310526-001-004-00

310526-001-014-00

310526-001-015-00

310526-001-017-00

310526-001-018-00

310526-001-019-00

310526-001-020-00

310526-001-021-00

310526-002-005-00