



# LAND USE APPLICATION LAND USE REQUEST

COMMUNITY & ECONOMIC DEVELOPMENT

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

<b>FOR AGENCY USE</b>	Date:	File:	Fee: \$
<b>REQUEST TYPE</b>			
<b>Type of Land Use Request</b> <input type="checkbox"/> Annexation <input type="checkbox"/> Appeal <input type="checkbox"/> CPA <input type="checkbox"/> CAPE <input type="checkbox"/> LUCA <input type="checkbox"/> Master Plan Neighborhood		<b>Required Submittals</b> (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 type="checkbox"/> SEPA <input type="checkbox"/> Traffic – City <input type="checkbox"/> Traffic – County <input type="checkbox"/> Traffic – State	
<input type="checkbox"/> Permit Modification - Minor <input type="checkbox"/> Permit Modification – Major <input type="checkbox"/> Permit Extension <input type="checkbox"/> Rezone <input type="checkbox"/> Utility Service <input type="checkbox"/> Variance			
<b>SITE INFORMATION</b>			
<b>Site Address</b> (Use block # if no bldg. #)		<b>Tax Parcel ID Number(s)</b>	
<b>Acreage &amp; Square Footage Of Property</b>		<b>Zoning Classification</b>	
		<b>Use Classification No.</b>	
<b>Water Supply</b>	<input type="checkbox"/> Current <input type="checkbox"/> Proposed	<b>Sewer Supply</b>	<input type="checkbox"/> Current <input type="checkbox"/> Proposed
<b>Existing Use of Property</b>			
<b>On-Site Critical Areas?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Critical Area Type</b> (e.g. wetland, steep slope, etc.)	
<b>OWNER</b>		<b>APPLICANT</b>	
<b>CONTACT</b>			
Name			
Full Address			
Phone Number			
E-mail			
<b>Relationship of Applicant to Property (check one)</b>	<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser	<input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____
<b>PROJECT ARCHITECT</b>		<b>PROJECT ENGINEER</b>	
<b>PROJECT SURVEYOR</b>			
Name			
Full Address			
Phone Number			
E-mail			

ANNEXATIONS ONLY			
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>	Total Acreage of Area to Annexed	
		Pre-Zoning Classification	
APPEALS, PERMIT MODIFICATIONS, PERMIT EXENTIONS, & VARIANCES			
Original or Associated Land Use File Number		FOR AGENCY USE	
Date of Original Decision		Date & Time of Submittal	
REZONES ONLY			
Current Zoning Classification		Proposed Zoning Classification	

**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: \_\_\_\_\_

AUXILIARY SHEET  
**REZONE**  
LAND USE REQUEST

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

Office Hours: Monday – Friday 8AM to 5PM (Closed Holidays)

**INSTRUCTIONS**

Table I below is a checklist of items that must be submitted as part of your land use request for a rezone. Please refer to AMC §20.96.026 for property rezoning criteria.

Please use only paper clips and/or binder clips when assembling documents. Numbers in parenthesis equal the number of copies required.

**TABLE I - CHECKLIST**

- (1) Written description of the land affected by the amendment if a change in zoning district classification is proposed.
- (1) A written description of the proposed map change or a summary of the specific objective of any proposed change in the text of Title 20.