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	☐ Annexation ☐ Appeal ☐ Comprehensive Plan Amendment ☐ Land Use Code Amendment ☐ Rezone	**Required Submittals** (Check All That Apply)	☐ Land Use Request Submittal Requirements Checklist ☐ Required Submittal Items

SITE INFORMATION

Project Name				
Site Address (Use block # if no bldg. #)		**Tax Parcel ID Number(s)**		
Property Acreage		**Zoning Classification**		
Property Square Feet		**Use Classification No.**		

Water Supply	Current	Proposed	**Sewer Supply**	Current	Proposed

Existing Use of Property			
On-Site Critical Areas?	☐ Yes ☐ No	**Critical Area Type** (e.g. wetland, steep slope, etc.)	

	OWNER	APPLICANT	CONTACT
Name			
Full Address			
Phone Number			
E-mail			
Relationship of Applicant to Property (check one)	☐Owner	☐Contract Purchaser	☐Lessee	☐Other: _____

	PROJECT ARCHITECT	PROJECT ENGINEER	PROJECT SURVEYOR
Name			
Full Address			
Phone Number			
E-mail			

ANNEXATIONS	
Type of Annexation Method	☐ Election Method ☐ Direct Petition Method ☐ Municipal Method ☐ Alternative Direct Petition Method ☐ Interlocal Agreement Method (for areas served by fire district) ☐ Interlocal Agreement Method (Unincorporated Island)

Is the Proposed Area Within the City's Urban Growth Area?	☐ Yes ☐ No* *Only lands within the City's UGA can be considered for annexation.	**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	☐	☐	☐	1	1	1	1	1
Statement of Proposal or Intent per Code	☐	☐	☐	1	1	1	1	1
Legal Description with Property Map	☐	☐	☐	1		1		1
SEPA Checklist[1]	☐	☐	☐	•	•	•	•	•
Public Notice Materials[2]	☐	☐	☐	•	•	•	•	•
Review Fees[3]	☐	☐	☐	1	1	1	1	1
USB Flash Drive with PDF's of Submitted Documents	☐	☐	☐	1	1	1	1	1
Annexation Information[4]:								
10% Intent to Annex Petition with Signatures	☐	☐	☐	1				
60% Intent to Annex Petition with Signatures	☐	☐	☐	1				
Snohomish County Assessor Property Information	☐	☐	☐	1				
Boundary Review Board Fee[5]	☐	☐	☐	1				

NOTES:	FOR CITY USE ONLY

NOTES:

1. SEPA Checklist Non-Project Action Requirements
2. See Public Notice Materials Requirements
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

11/2021