

LAND USE APPLICATION



SPECIAL USE PERMIT COMMUNITY & ECONOMIC DEVELOPMENT

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

FOR AGENCY USE	Date:	File:	Fee: \$		
PERMIT TYPE					
Type of Special Use Permit	<input type="checkbox"/> Cottage (20 ≤ 49 Units) <input type="checkbox"/> Multi-Family(20 ≤ 49 Units) <input checked="" type="checkbox"/> Site Plan Review (≥4 ac.)	Required Submittals (Check All That Apply)	<input checked="" type="checkbox"/> Special Use Submittal Requirements Checklist <input checked="" type="checkbox"/> Required Submittal Items <input type="checkbox"/> Shoreline Substantial <input type="checkbox"/> Design Review – Admin. <input type="checkbox"/> Design Review – Board		
SITE INFORMATION					
Site Address (Use block # if no bldg. #)	6822, 7010, 7020 197th PL NE, Arlington, WA 98223	Tax Parcel ID Number(s)	31051400205100, 31051400204900,31051400205000		
	Acreage & Square Footage Of Property		15.58 acres / 678,665 sq. ft.	Zoning Classification	GI General Industrial
Water Supply	Current	Proposed	Sewer Supply	Current	Proposed
		City			City
Existing Use of Property	Vacant				
On-Site Critical Areas?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Will Site Be Logged as Part of This Project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
OWNER		APPLICANT		CONTACT	
Name	Gayteway Business Park LLC		Mura Cascade ELP LLC		Kari Mueller
Full Address	845 106th Ave. NE, Ste. 102 Bellevue, WA 98004		2000 Alameda de las Pulgas Suite 162 San Mateo, CA 94403		2000 Alameda de las Pulgas Suite 162 San Mateo, CA 94403
	Phone Number	(206) 240-9739		650-7040-0680	650-704-0680
E-mail	cjgayte@yahoo.com		k.mueller@muratechnology.com	k.mueller@muratechnology.com	
Relationship of Applicant to Property (check one)	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Contract Purchaser	<input type="checkbox"/> Lessee	<input type="checkbox"/> Other: _____	
PROJECT ARCHITECT		PROJECT ENGINEER		PROJECT SURVEYOR	
Name	KBR, Inc		KBR, Inc		same as engineer
Full Address	601 Jefferson Street Houston, TX 77002		601 Jefferson Street Houston, TX 77002		
	Phone Number	713.753.2000		713.753.2000	
E-mail	Bob.Williams@kbr.com		Bob.Williams@kbr.com		

PROJECT DETAILS		
Project Name	Mura Cascade	
Total Number of Existing Lots	3	
Total Number of Proposed Units	N/A	
By Dwelling Use Type	Single Family	
	Duplex	
	Townhouse	
	Multi-Family	
	Other	
By Non-Residential Use Type	Commercial	
	Industrial	1
	Other	
Has this property been subdivided?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, Provide Applicant Name & Plat Name		
SHORELINE DEVELOPMENT ONLY (Required for all Development Within or Adjacent to a Shoreline)		
Will this Proposal be a Substantial Development as Defined in AMC §20.92.010?	<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.		
FOREST PRACTICE (For Clearing >10,000sf) AND MITIGATION FOR SIGNIFICANT TREE REMOVAL (All Applications)		
Number of Significant Trees to be Harvested	zero	
Total Acreage to be Harvested	zero	
Is there a Current Development Moratorium on the Site?	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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)	Location:	
<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 №		

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

Special Use Permit – Submittal Requirements
Community Development Director or Hearing Examiner 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?			Cottage Housing	Multi-Family Development	Site Plan Review
	Yes	No	N/A			
General Application:						
Land Use Application Form & Submittal Checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Water/Sewer Availability Application ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Public Notice Materials ^{2 & 3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Project Narrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Legal Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Vicinity Map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Review Fee ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
USB Flash Drive with PDF's of Submitted Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Site Plans:						
Site Plan ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Landscape Plan ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Tree Survey Plan ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Reduced Plan Sets (11x17) - All Above Site Plans or Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Engineering Reports / Information:						
Drainage Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Geotechnical Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Complete Streets Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Traffic Impact Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Transportation Demand Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•	•	•
Parking Demand Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•	•	•
Snohomish County Traffic Impact Fee Offer Worksheet ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
WSDOT Traffic Impact Fee Offer Worksheet ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•	•	•

**Special Use Permit – Submittal Requirements
Community Development Director or Hearing Examiner Decisions**

Submittal Requirements	Complete Submittal Item?			Cottage Housing	Multi-Family Development	Site Plan Review
	Yes	No	N/A			
Environmental Information:						
SEPA Checklist ⁸	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Cascade Industrial Center Modified SEPA Checklist ⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•	•	•
Critical Area / Wetland Report or Critical Area Statement ¹⁰	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	2	2
Archaeology / Cultural Report ¹¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•	•	•
Unanticipated Discovery Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1

NOTES:	
<ol style="list-style-type: none"> 1. Water / Sewer Availability shall be submitted with or prior to application submittal. 2. See Public Notice requirements. 3. If a hearing is requested during the permit process, then additional Public Notice information is required. 4. See the City of Arlington Adopted Fee Schedule. 5. See Site Plan Requirements. 6. See Snohomish County Traffic Impact Fee Offer Worksheet and required if the project is subject to SEPA. 7. See WSDOT Traffic Impact Fee Offer Worksheet and required if the project subject to SEPA or requested. 8. See the SEPA Checklist Requirements for Categorical Exemption Thresholds. If not exempt, then required. 9. All projects within the Cascade Industrial Center shall submit the CIC Modified SEPA Checklist. Public Notice Material is not required, as no Public Noticing is required with this checklist. 10. See Critical Areas Evaluation to determine the type of report required. 11. An Archaeological or Cultural Report may be requested by a reviewing agency or if known area of interest. <p>All supplemental forms, checklists or requirements can be found at http://www.arlingtonwa.gov/269/Applications-Forms</p>	

FOR CITY USE ONLY	
<input type="checkbox"/>	This application is complete.
<input type="checkbox"/>	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



SITE PLAN CHECKLIST

COMMUNITY & ECONOMIC DEVELOPMENT

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COVER SHEET

- Title Block (centered at top of drawing) that includes the following:
 - City of Arlington
 - Name of Proposed Development
 - File No. (call for correct number)
 - Section, Township, & Range
- Site Information:
 - Site Address (use block # if no bldg. #)
 - Zoning Classification
 - Airport Protection District Subdistrict
 - Use Classification (from AMC 20.40)
 - Legal Description
 - Tax Parcel ID Number
 - Density & Dimensional Calculations
 - Lot(s) Size (both in acreage and square feet)
 - Lot Dimensions (length, width)
 - Lot Number Labels (if applicable)
 - Number of Lots (if applicable)
 - Proposed Residential Density (if applicable)
 - Building Setback (for existing, proposed, & relocated bldgs. on site)
 - Building Height (for existing, proposed, & relocated bldgs. on site)
 - Total Lot Coverage (impervious surface)
 - Recreational & Open Space Calculations (if applicable)
 - Adjacent Street Names & Classifications
 - Required Parking Space Calculations (required & proposed)
 - Required Bicycle Rack Spaces
 - Screening Types Provided (indicate for each lot line)
 - Utility Provider (sewer & water)
 - Critical Area Types Located On-Site and Associated Buffers (if applicable)
 - Shoreline Classification (if applicable)
 - FEMA Flood Zone Designation (if applicable)
- Sheet Index
- Date Plans Were Prepared
- Vicinity Map (Include North Arrow, Scale, and pinpoint site location)
- Name, Address, Phone Number, & Email Address of the Applicant, Owner, Engineer, Surveyor, & Landscape Architect

SITE PLAN SHEET

- Title Bar (locate along right edge of sheet) that includes the following:
 - Date Drawing was Prepared or Revised
 - Project Name & Location
 - Name, Address, & Phone Number of Applicant, Owner, Engineer, & Surveyor
- North Arrow, Graphic Scale (1" = 50' or larger) and Legend
- Existing Lot Lines Within or Adjacent to the Project Site
- Existing and Proposed Rights-of-Way (include dimensions & street name)
- Existing and Proposed Easements (include dimensions)
- Existing Critical Area Boundaries and Associated Buffers On-Site and Within 150ft. of Site per AMC 20.93
- Existing and Proposed Native Growth Protection Areas
- Building (whether proposed, expanded, retained, or relocated) Setbacks From All Lot Lines
- Building (whether proposed, expanded, retained, or relocated) Dimensions and Square Footage
- Building Elevations (all sides for proposed or expanded buildings only – color renderings preferred)
- Parking Stall, Loading Stall, Driveway, & Isle Locations & Dimensions
- Refuse Bin Location (including screening details)
- Lighting Details (building exterior, site, & parking area)
- Site Ingress/Egress (existing and/or proposed)
- Frontage Improvements with Dimensions (if required)
- Proposed Right-of-Way Dedication (include dimensions & square footage)
- Adjacent Parcels with Parcel Numbers

LANDSCAPE PLAN SHEET

- Title Bar (locate along right edge of sheet) that includes the following:
 - Date Drawing was Prepared or Revised
 - Project Name & Location
 - North Arrow and Graphic Scale
 - Name, Address, & Phone Number of Applicant, Owner, & Landscape Architect
- Plant Schedule and Legend Showing Scientific and Common Names for Each Type of Tree, Shrub, and Ground Cover and their Quantity, Planting Size Mature Size, and Symbol.
- Tree, Shrub, and Lawn Planting Details
- Location and Spacing of all Trees, Shrubs, and Plants (including existing trees to be preserved)
- Irrigation Details (if required)
- Parking Area Shading Calculation (see AMC 20.76.130)
- Dimensions and Square Footage for Each Landscape Area, Including Frontage, Lot Boundary, and Vehicle Accommodation Area Landscaping
- Percentage of Total Lot Landscaping
- Location of Existing Significant Trees (signify which significant trees will be removed)
- Location of Where Replacement Trees are to be Planted (if applicable)
- Table including the Number of Trees and Species to be Removed