

LAND USE APPLICATION



LAND USE REQUEST ADMINISTRATIVE OR HEARING EXAMINER 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"/> Appeal <input type="checkbox"/> Critical Area Protection Easement <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Modification - Minor <input type="checkbox"/> Permit Modification – Major <input type="checkbox"/> Utility Service <input type="checkbox"/> Variance <input type="checkbox"/> Code Interpretation	Required Submittals (Check All That Apply)	<input type="checkbox"/> Land Use Request Submittal Requirements Checklist <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<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			

APPEALS			
Original or Associated Land Use File Number		FOR AGENCY USE	Date & Time of Submittal
Date of Original Decision			
CRITICAL AREA PROTECTION EASEMENT			
Buffer Averaging Proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Buffer Reduction Proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NGPA Fence Requirements Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NGPA Signage Requirements Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PERMIT EXENTIONS			
Land Use File Number		FOR AGENCY USE	Date & Time of Submittal
Date of Decision			
PERMIT MODIFICATIONS			
Original or Associated Land Use File Number		FOR AGENCY USE	Date & Time of Submittal
Date of Original Decision			
UTILITY SERVICE EXTENSION			
County ROW Permit Submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Snohomish County Permit Number	
Extension Agreement Submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water / Sewer Availability Submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
VARIANCES			
Does the variance constitute a grant of special privilege inconsistent with the limitation upon uses or other properties in the vicinity and zone in which the property on behalf of which the application was filed and located?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the variance necessary, because of special circumstances relating to the size, shape, topography, location or surroundings of the subject property, to provide it with use rights and privileges permitted to other properties in the vicinity and in the zone in which the subject property is located?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The granting of the variance will not be materially detrimental to the public welfare or injurious to the property or improvements in the vicinity and zone in which the subject property is situated.			<input type="checkbox"/> Yes <input type="checkbox"/> No
CODE INTERPRETATION			
Zoning Map	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	
Lot Line Boundaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	
Floodway or Floodplain Boundaries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	
Code Language	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description	

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 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**

Related Permit Number: _____
 Submittal Date: _____

Submittal Requirements	Complete Submittal Item?			Appeal	Critical Area Protection Easement	Major Permit Modification	Minor Permit Modification	Permit Extension	Plat Alteration	Utility Service Agreement	Variance
	Yes	No	N/A								
General Application:											
Land Use Application Form & Submittal Checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1	1	1	1
Project Narrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1	1		1
Legal Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	•	•		•		
Lot Closures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		•	•	•		•		
Public Notice Materials ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 set		2 sets			1 set		2 sets
Review Fee ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1	1	1	1
USB Flash Drive with PDF's of Submitted Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1	1	1	1	1	1
Site Plans:											
Site Plan or Revised Plat Map ³ (For Recording 18" x 24")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	1	1		1		1
Reduced Plan Sets (11x17) - All Above Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	1	1		1		1
Recording	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1	1	1		1	1	•
Environmental information:											
SEPA Checklist ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								•
Cascade Industrial Center Modified SEPA Checklist ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								•
Critical Area / Wetland Report or Critical Areas Evaluation ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1						•

NOTES:

1. See Public Notice Materials Requirements
2. See the City of Arlington Adopted Fee Schedule.
3. See Site Plan or Subdivision Site Plan Requirements.
4. See the SEPA Checklist Requirements for Categorical Exemption Thresholds. If not exempt, then required.
5. 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.
6. See Critical Area Evaluation to determine the type of report required.

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



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
- Electric Vehicle Parking Space 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