

LAND USE APPLICATION



CONDITIONAL 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 (> 49 Units) <input checked="" type="checkbox"/> Multi-Family (> 49 Units) <input type="checkbox"/> Site Plan Review (≥4 ac.)	Required Submittals (Check All That Apply)	<input checked="" type="checkbox"/> Conditional Use Submittal Requirements Checklist <input checked="" type="checkbox"/> Required Submittal Items <input type="checkbox"/> Shoreline Substantial <input type="checkbox"/> Design Review – Admin. <input checked="" type="checkbox"/> Design Review – Board								
SITE INFORMATION											
Site Address (Use block # if no bldg. #)	16517 & 16523 SMOKEY POINT BLVD ARLINGTON, WA 98223	Tax Parcel ID Number(s)	31052800201100 31052800204400								
Property Acreage	2.06	Zoning Classification	COMMERCIAL CORRIDOR								
Property Square Feet	89845	Use Classification No.	1.340								
Water Supply	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Current</td> <td style="width: 50%; text-align: center;">Proposed</td> </tr> <tr> <td style="text-align: center;">NONE</td> <td style="text-align: center;">MARYSVILLE</td> </tr> </table>	Current	Proposed	NONE	MARYSVILLE	Sewer Supply	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Current</td> <td style="width: 50%; text-align: center;">Proposed</td> </tr> <tr> <td style="text-align: center;">NONE</td> <td style="text-align: center;">MARYSVILLE</td> </tr> </table>	Current	Proposed	NONE	MARYSVILLE
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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	GRANDVIEW NORTH LLC	GRANDVIEW NORTH LLC	CASCADE SURVEYING & ENG,								
Full Address	P.O. BOX 159 ARLINGTON, WA 98223	P.O. BOX 159 ARLINGTON, WA 98223	P.O. BOX 326 ARLINGTON, WA 98223								
Phone Number	360 435 7171	360 435 7171	360 435 5551								
E-mail	GV@GRANDVIEWINC.NET	GV@GRANDVIEWINC.NET	RANDY@CASCADESURVEYING.COM								
Relationship of Applicant to Property (check one)	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser	<input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____								
	PROJECT ARCHITECT	PROJECT ENGINEER	PROJECT SURVEYOR								
Name	Glenn C Wells A.I.A.	Cascade Surveying & Eng	Cascade Surveying & Eng								
Full Address	324 West Bay Dr, Suite 102 Olympia, WA 98502	P.O. Box 326 Arlington, WA 98223	P.O. Box 326 Arlington, WA 98223								
Phone Number	360 352 4553	360 435 5551	360 435 5551								
E-mail	Glennwellsarchitect@gmail.com	RANDY@CASCADESURVEYING.COM	RANDY@CASCADESURVEYING.COM								

PROJECT DETAILS		
Project Name	SMOKEY POINT	
Total Number of Existing Lots	2	
Total Number of Proposed Units	103	
By Dwelling Use Type	Single Family	
	Duplex	
	Townhouse	
	Multi-Family	103
	Other	
By Non-Residential Use Type	Commercial	
	Industrial	
	Other	
Has this property been subdivided?	<input type="checkbox"/> Yes <input 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)		
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)	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 ARLINGTON, Washington on this date: 10/13/2022

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 ARLINGTON, Washington on this date: 10/13/2022

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: _____