

# LAND USE APPLICATION



## LAND USE REQUEST COUNCIL DECISIONS COMMUNITY & ECONOMIC DEVELOPMENT

18204 59<sup>th</sup> Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

<b>FOR AGENCY USE</b>		<b>Date:</b>	<b>File:</b>	<b>Fee: \$</b>	
<b>REQUEST TYPE</b>					
<b>Type of Land Use Request</b>	<input type="checkbox"/> Annexation <input type="checkbox"/> Appeal <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Land Use Code Amendment <input type="checkbox"/> Rezone		<b>Required Submittals</b> (Check All That Apply)	<input checked="" type="checkbox"/> Land Use Request Submittal Requirements Checklist <input checked="" type="checkbox"/> Required Submittal Items	
<b>SITE INFORMATION</b>					
<b>Project Name</b>	Chapter 12.13				
<b>Site Address</b> <small>(Use block # if no bldg. #)</small>	N/A – Citywide		<b>Tax Parcel ID Number(s)</b>	N/A – Citywide	
<b>Property Acreage</b>	N/A – Citywide		<b>Zoning Classification</b>	N/A – Citywide	
<b>Property Square Feet</b>	N/A – Citywide		<b>Use Classification No.</b>	N/A – Citywide	
<b>Water Supply</b>	<b>Current</b>	<b>Proposed</b>	<b>Sewer Supply</b>	<b>Current</b>	<b>Proposed</b>
	N/A	N/A		N/A	N/A
<b>Existing Use of Property</b>	N/A – Citywide				
<b>On-Site Critical Areas?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Critical Area Type</b> <small>(e.g. wetland, steep slope, etc.)</small>	Citywide – Critical Areas are not affected by this proposal	
<b>OWNER</b>		<b>APPLICANT</b>		<b>CONTACT</b>	
<b>Name</b>	City of Arlington		City of Arlington		Amy Rusko
<b>Full Address</b>	238 North Olympic Avenue Arlington, WA 98223		238 North Olympic Avenue Arlington, WA 98223		18204 59 <sup>th</sup> Avenue NE Arlington, WA 98223
<b>Phone Number</b>	360-403-3441		360-403-3550		360-403-3550
<b>E-mail</b>			<a href="mailto:arusko@arlingtonwa.gov">arusko@arlingtonwa.gov</a>		<a href="mailto:arusko@arlingtonwa.gov">arusko@arlingtonwa.gov</a>
<b>Relationship of Applicant to Property (check one)</b>	<input checked="" type="checkbox"/> <b>Owner</b>		<input type="checkbox"/> <b>Contract Purchaser</b>		<input type="checkbox"/> <b>Lessee</b>
					<input type="checkbox"/> <b>Other:</b> _____
<b>PROJECT ARCHITECT</b>		<b>PROJECT ENGINEER</b>		<b>PROJECT SURVEYOR</b>	
<b>Name</b>					
<b>Full Address</b>					
<b>Phone Number</b>					
<b>E-mail</b>					

ANNEXATIONS			
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>	Pre-Zoning Classification	
Total Acreage of Area to Annexed		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	Chapter 12.13 Uniform Street Numbering and House Numbering		
Proposed Changes	Update section with regulations regarding address number size and location on commercial, industrial, and mixed-use buildings.		
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 Arlington , Washington on this date: January 30, 2023

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: \_\_\_\_\_