

LAND USE APPLICATION



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	<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			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 <small>(Use block # if no bldg. #)</small>				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 <small>(e.g. wetland, steep slope, etc.)</small>			
		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							

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 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: _____

LAND USE APPLICATION



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REQUEST TYPE							
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SITE INFORMATION							
Project Name							
Site Address <small>(Use block # if no bldg. #)</small>			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 <small>(e.g. wetland, steep slope, etc.)</small>				
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							

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)		
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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			

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DATED AT _____, Washington on this date: _____

Applicant's Signature: _____

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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: _____

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 15205 39th Ave NE Marysville, Washington on this date: 1-27-23

Applicant's Signature: [Handwritten 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 15205 39th Ave NE Marysville, Washington on this date: 1-27-23

Owner's Signature: [Handwritten Signature]

All other property owners of the subject property must also sign below (attach additional sheets if necessary):

- 1) Name: Teri Hernandez Signature: [Handwritten Signature]
 Address: 15205 39th Ave NE Marysville WA 98271 Phone: _____
- 2) Name: _____ Signature: _____
 Address: _____ Phone: _____
- 3) Name: _____ Signature: _____
 Address: _____ Phone: _____

LAND USE APPLICATION



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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"/> Annexation <input type="checkbox"/> Appeal <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Land Use Code Amendment <input checked="" type="checkbox"/> Rezone	Required Submittals (Check All That Apply)	<input checked="" type="checkbox"/> Land Use Request Submittal Requirements Checklist <input checked="" type="checkbox"/> Required Submittal Items
SITE INFORMATION			
Project Name	Hernandez Rezone		
Site Address <small>(Use block # if no bldg. #)</small>	6515-204 th ST NE	Tax Parcel ID Number(s)	310510-004-045-00
	Arlington, WA 98223		
Property Acreage		Zoning Classification	
Property Square Feet	12,632	Use Classification No.	
Water Supply	Current	Sewer Supply	Current
	Proposed		Proposed
Existing Use of Property	SFR		
On-Site Critical Areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Critical Area Type <small>(e.g. wetland, steep slope, etc.)</small>	
OWNER		APPLICANT	CONTACT
Name	Eugene Lentz		
Full Address			
Phone Number	425-210-5393		
E-mail	eugene.lentz@gmail.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			
Full Address			
Phone Number			
E-mail			

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 Annex		Proposed Zoning Classification	
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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	RLC	Proposed Zoning Classification	NC & MXD
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: 3/24/2023

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: Monica Lentz Signature: 
 Address: 6515-20th St NE Arlington Phone: 425-760-9123
- 2) Name: _____ Signature: _____
 Address: _____ Phone: _____
- 3) Name: _____ Signature: _____
 Address: _____ Phone: _____