

LAND USE APPLICATION



ZONING PERMIT

COMMUNITY & ECONOMIC DEVELOPMENT

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

FOR AGENCY USE	Date:	File:	Fee: \$		
PERMIT TYPE					
Type of Zoning Permit	<input type="checkbox"/> Cottage (≤19 Units) <input type="checkbox"/> Forest Practice <input type="checkbox"/> Multi-Family (≤19 Units) <input type="checkbox"/> Site Plan Review (<4 ac.)	Required Submittals (Check All That Apply)	<input type="checkbox"/> Zoning Permit Submittal Requirements Checklist <input 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. #)		Tax Parcel ID Number(s)			
Acreage & Square Footage Of Property		Zoning Classification			
		Use Classification No.			
Water Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed	Sewer Supply	<input type="checkbox"/> Current <input type="checkbox"/> 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.)			
Has Site Been Logged in Past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will Site Be Logged as Part of This Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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					

Project Details	
Project Name	
Total Number of Existing Lots	
Total Number of Proposed Units	
By Dwelling Use Type	Single Family
	Duplex
	Townhouse
	Multi-Family
	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 (Required for all Development Within or Adjacent to a Shoreline)	
Will this Proposal be a Substantial Development as Defined in AMC §20.93?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Shoreline Environmental Designation	
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	
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
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 No	

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: _____