



Land Use Application Cover Sheet

COMMUNITY DEVELOPMENT

File Name: _____

File Number: _____

Date Stamp

Instructions for Applicants

Please read and follow all instructions on your application carefully. If you have any questions about the process or your project, it is strongly recommended that you speak with staff prior to submitting your application to help ensure that processing can advance in a timely manner. Every application must include this cover sheet, the application/checklist and all required items, and a notarized affidavit of ownership (if applicable).

Specific Type of Land Use Application to be submitted (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Accessory Dwelling Unit | <input type="checkbox"/> Environmental Review (SEPA) | <input type="checkbox"/> Wireless Communication Facility |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Project Design Review | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Binding Site Plan | <input type="checkbox"/> Rezone/PUD | _____ |
| <input type="checkbox"/> Boundary Line Adjustment/ Lot Combination | <input type="checkbox"/> Short Subdivision (Short Plat) | <input type="checkbox"/> Comprehensive Plan Suggested Amendment |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Subdivision (Long Plat) | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Variance | | |

Please Print or Type Legibly

Applicant:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Contact Person, if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Property Owner(s), if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Site Address(es):			Zoning:
Assessor Parcel Number(s) – (APNs):			Comp. Plan Designation:
Description of Proposal:			
I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge.			
Signature of Applicant/Agent: _____			Date: _____
Signature of Property Owner: _____			Date: _____

- 2. The approved permit, and any other forms required by the Community Development Department, shall be recorded by the property owner with Snohomish County to indicate the presence of the Accessory Dwelling Unit, the requirement of owner-occupancy, and any other standards or requirements for maintaining the unit as a separate dwelling unit.
- 3. Any permit issued for an Accessory Dwelling Unit shall expire two years from the date of approval unless a building permit for the Accessory Dwelling Unit has been obtained. The Community Development Department Director may grant a single one-year extension to this time limit, provided a written request for an extension is received before expiration.
- 4. Any permit issued for an Accessory Dwelling Unit shall be issued only to the property owner and shall be valid only so long as the permit holder owns the property in title or as a contract purchaser. Such a permit shall expire automatically upon any transfer of property ownership from the permit holder.
- 5. It is the responsibility of the owners, applicants and agents to become aware of the requirements of Title 21-Zoning of the Lynnwood Municipal Code. It is strongly encouraged that a pre-application conference with the City staff be scheduled prior to submittal of an application.
- 6. An approved ADU application only becomes a valid permit when it is recorded with the Snohomish County Auditor's Office, Recording Division, and a recording number is provided to the City. Requirements for recording, fees, and frequently asked questions are available online at: <http://www1.co.snohomish.wa.us/Departments/Auditor/Divisions/Recording/>
- 7. An application may be amended only in writing.
- 8. Submittal of this application grants the appropriate city officials the right of entry to the project site during a reasonable hour and, upon proper identification, to the building, structure and/or premise, which is directly related to this application.
- 9. In each application the burden of proof rests with the applicant, petitioner or proponent.
- 10. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.

I/We _____, owner(s) of the property commonly known as _____, do hereby apply for approval of a Accessory Dwelling Unit for the above-referenced property. I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge.

Signature of Applicant/Agent: _____ Date: _____

Signature of Property Owner: _____ Date: _____



Affidavit of Ownership

COMMUNITY DEVELOPMENT

File Name: _____

File Number: _____

Date Stamp

Property Owner: _____

Contact Address: _____ **Phone:** _____

Any person with a verifiable interest in the subject property must complete this form. If the above property owner has an express interest in additional parcels involved in the listed project than there is space provided for below, those parcel numbers and associated legal descriptions must be provided on further copies of this form.

Site Address: _____ **APN:** _____

Legal Description: _____

Site Address: _____ **APN:** _____

Legal Description: _____

AFFIDAVIT OF OWNERSHIP – To Be Completed in the Presence of a Notary Public

I, _____, being duly sworn, depose and say that I am the owner of record of that certain real property identified as Snohomish County Parcel Number(s) _____, and that the information provided in this application, including all submittals and attachments, is true and correct to the best of my knowledge.

Signature of Owner: _____ Date: _____

Please print name: _____

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20__.

NAME (print): _____

NAME (sign): _____

Notary Public in and for the State of Washington

Commission Expires: _____