



# 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: _____



# Appeal of Determination of Violation

COMMUNITY DEVELOPMENT

File Name: \_\_\_\_\_

File Number: \_\_\_\_\_

Date Stamp

**Please Print or Type Legibly**

Appellant(s):			Phone:
Address:			Cell:
City:	State:	Zip:	Case Number:
Property Owner(s), if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Case Number:
E-Mail:			
Site Address:		Parcel Number(s):	
Legal Description:			

An Appeal of Determination of Violation is deemed complete when it is accompanied by the required items identified below. Please be advised that additional information may be required during the review process in order to respond to or resolve particular issues. The right to appeal is granted under LMC 1.35.200 and must be filed within 14 days of the issuance of the administrative decision. Appeals are considered by the Hearing Examiner, who will issue a determination within 10 business days from the date of hearing.

### REQUIRED ITEMS

- A written statement stating the specific determination being appealed, the date of the determination, and the grounds for appeal.
- Application fee(s).

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: \_\_\_\_\_

**FEES** See LMC 3.104 or contact our office for current fee information.

- NOTES**
1. An appeal may be submitted and amended only in writing.
  2. Submittal of this appeal 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.
  3. In each appeal the burden of proof rests with the appellant.
  4. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.