



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: _____



Process VII: Appeal of Hearing Examiner's Decision to City Council

File Name: _____

COMMUNITY DEVELOPMENT

File Number: _____

Date Stamp

Please Print or Type Legibly

Appellant:			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:		Parcel Number(s):	
Legal Description:			

An Appeal of Hearing Examiner's Decision 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 1.35.700 and must be filed within 14 days of the issuance of the hearing examiner's decision. Appeals are considered by the City Council, who may issue a determination at the time of the meeting.

REQUIRED ITEMS

A written statement stating the specific decision being appealed and grounds for the appeal.

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 Appellant/Agent: _____ Date: _____

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

- NOTES**
1. An application may be amended only in writing.
 2. This determination is made on the basis of the established record.
 3. In each application 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.