



# 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: _____



- 9. Ten (10) copies of a completed SEPA checklist, unless the project is categorically exempt from SEPA review.
- 10. A list of other permits that are or may be required for the development of the property as known to the applicant at the time of submittal.
- 11. A list of permits that are to be processed concurrently with this application.
- 12. A complete, notarized Affidavit of Ownership for all property owner(s) of the involved property.
- 13. Application fee(s).

For Staff Use ONLY	
Verified	Waived

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

- NOTES**
1. The approval of a Planned Unit Development Application does not in any way replace, modify or waive any requirement for the compliance of the proposal with other applicable codes, standards, or regulations including, but not necessarily limited to, those of the Building, Fire or Public Works Departments. You are advised to contact these departments concerning such requirements.
  2. 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.
  3. An application may be amended only in writing.
  4. 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.
  5. In each application the burden of proof rests with the applicant, petitioner or proponent.
  6. 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 Planned Unit Development 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: \_\_\_\_\_

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**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:** \_\_\_\_\_

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## 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: \_\_\_\_\_