



Land Use Application Cover Sheet

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: _____



Request for a Zoning Interpretation

File Name: _____

File Number: _____

Date Stamp

Please Print or Type Legibly

Applicant:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			

A Request for a Zoning Interpretation is an administrative process which provides the opportunity to clarify conflicting or ambiguous wording in Lynnwood Municipal Code (LMC), Title 21 – Zoning. Any person may request a written interpretation of the provisions of Title 21. The Community Development Director shall make an administrative decision within 25 calendar days of receipt of the request. Administrative decisions may be appealed. 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 specifying each provision of Title 21 for which an interpretation is requested, why an interpretation of each provision is necessary, and any reasons or material in support of a proposed interpretation.

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: _____ 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. In each application the burden of proof rests with the applicant, petitioner or proponent.
 3. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.