



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: _____

- 7. Photographs of the site.
- 8. A petition carrying the signatures of not less than 51% of the owners of property within 300 ft of the property under consideration. Please see the Notes section for signature requirements.
- 9. Two (2) sets of reduced copies (no larger than 11 by 17 inches) of all plans and oversized documents.
- 10. Ten (10) copies of a completed SEPA checklist, unless the project is categorically exempt from SEPA review.
- 11. 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.
- 12. A list of permits that are to be processed concurrently with this application.
- 13. A complete, notarized Affidavit of Ownership for all property owner(s) of the involved property.
- 14. 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 Rezone 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 Hearing Examiner and 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. In processing any application for a change in zoning classifications, the City evaluates the adequacy of streets and other public facilities in relation to the proposed use. Unless the facilities are found already to be adequate to serve the area, the City may refuse to increase the intensity of use of the property and the concurrent increase in intensity of demands on public facilities, without first making provisions for adequate facilities to be provided by the applicant or his assigns. Therefore, the requested use may be denied unless you grant needed roadway or utility easements and rights-of-way.
 7. *Optional consolidated review:* Per LMC 1.35.080, projects involving two or more land use applications filed at the same time may be “consolidated” upon written request by the applicant at the time of submittal. When applications are consolidated for review, the entire package will proceed using the process involving the highest decision-making authority. For example, for a project involving a Project Design Review application and a Rezone application, both applications would have a final decision issued by City Council. It is strongly recommended that you speak with a staff member about consolidated review so that you are informed of your options and how your applications would be affected.
- I/We hereby request consolidated review.
 - 8. 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 Rezone 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: _____ Date: _____

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: _____