



# 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: _____



# Suggested Comprehensive Plan Amendment Application (Map and/or Text)

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

COMMUNITY DEVELOPMENT

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

Date Stamp

## APPLICATION DEADLINE: MARCH 1

The annual Comprehensive Plan Amendment Process provides the opportunity for both informal suggestions and formal applications. A Suggested Comprehensive Plan Amendment is an amendment which would alter a policy or entire land use designation, or consider an issue such as affordable housing, rather than consider a specific site or project. Each year, after the filing period closes on March 1, the suggested amendments are presented the Planning Commission and City Council to determine whether the City will pursue the suggestions formally. Submitting a suggestion is not a guarantee that the City will be able to consider it. Comprehensive Plan Amendments that are project-related or site-specific are not permitted under this application and must be filed using the formal Comprehensive Plan Amendment Application. See LMC 18.04.010 for more information. An Application for a Suggested Comprehensive Plan Amendment is deemed complete when it is accompanied by the required items identified below.

### REQUIRED ITEMS – SUGGESTED MAP AMENDMENT

- 1. Land Use Application Cover Sheet.
- 2. A map and description of the *area* suggested for amendment, including the current Comprehensive Plan designation.
- 3. A written description of the suggested designation or other change.
- 4. A written statement explaining the rationale and/or need for the proposed amendment.
- 5. Application fee(s).

### REQUIRED ITEMS – SUGGESTED TEXT AMENDMENT

- 1. Land Use Application Cover Sheet.
- 2. A statement citing the specific text for which the amendment is sought.
- 3. A written description of the suggested amendment.
- 4. A written statement explaining the rationale and/or need for the proposed amendment.
- 5. Application fee.

### OPTIONAL ITEMS – MAP AND/OR TEXT AMENDMENT

Completion of these questions is optional, but will greatly assist staff in the review of your suggestion.

- A written statement explaining how the proposed amendment and associated development proposals (if any) is consistent with the following criteria as outlined in LMC 18.04.070:
  - A. Is the proposal consistent with the provisions of the Growth Management Act (GMA) and will not result in conflict with the Comprehensive Plan or applicable regulations?
  - B. Will the proposal change the development or use potential of a site or area without creating significant adverse impact on existing sensitive land uses, businesses, or residents?
  - C. Can the proposal be accommodated by all applicable public services and facilities, including transportation?
  - D. Will the proposal help implement the goals and policies of the Lynnwood Comprehensive Plan?

- E. Could the proposal have significant impacts beyond the Lynnwood city limits? *NOTE: If yes, staff will send the proposal to the appropriate surrounding jurisdictions for review and comment.*

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: \_\_\_\_\_

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

- NOTES**
1. Unless specifically included in the proposal, a Comprehensive Plan Amendment 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 prior to the Planning Commission's recommendation to City Council.
  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.



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

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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: \_\_\_\_\_