



TOWN OF DARRINGTON
COMMUNITY DEVELOPMENT
LAND USE PERMIT APPLICATION

TYPE OF PERMIT:

CONDITIONAL USE PERMIT:

- Long Plat, Final
- Long Plat, Preliminary
- Multi-Family (50 units or more)
- Rezone
- Shoreline Substantial Development
- Shoreline Conditional Use/Variance
- Site Plan Review (4 acres or more)
- Other (specify) _____

SPECIAL USE PERMIT:

- Multi-Family (20-49 units)
- Site Plan Review (4 acres or more)
- Other (specify) _____

ZONING PERMIT:

- Boundary Line Adjustment - Preliminary
- Boundary Line Adjustment - Final
- Multi-Family (3-19 units)
- Short Plat, Final
- Short Plat, Preliminary
- Site Plan Review (less than 4 acres)
- Other (specify) _____

OTHER:

- Annexation
- Appeal
- Comprehensive Plan Amendment
- Design Review
- Land Use Code Amendment
- Permit Modification, Insignificant
- Permit Modification, Minor
- SEPA Only
- Utility Service Request
- Variance
- Other (specify): _____

OFFICE PURPOSE ONLY

- Fees Paid: _____
- Receipt #: _____
- Permit #: _____
- Date: _____
- Clerk Initials: _____

APPLICANT INFORMATION:

APPLICANT:

Name: _____ Email: _____

Address: _____

Phone: _____ Fax: _____

Relation of applicant to property (check one):

Owner Contract Purchaser Lessee Other (specify) _____

ALL APPLICANTS – PLEASE FILL IN ALL APPLICABLE SECTIONS THAT FOLLOW:

APPLICANT CERTIFICATION:

I do hereby certify that I have familiarized myself with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

OWNERSHIP CERTIFICATION:

I do hereby certify that I am the major property owner or an officer of the corporation owning the subject property, that it is my desire to seek the subject land use permit, and that I will abide by any requirements and conditions that may be part of the approval of this request.

Property Owner/officer's signature **(must be notarized)**

Date

Corporation name, if officer: _____

STATE OF WASHINGTON)

) ss

COUNTY OF SNOHOMISH)

On this, the ____ day of _____, 20 ____,

before me personally appeared _____, know to me to be the same person whose name is subscribed to the within instrument and acknowledged that he/she voluntarily executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public in and for the State of Washington

residing at _____

My appointment expires: _____

All other property owners of the subject property must be listed below (attach additional sheets, if necessary):

Name: _____ Signature: _____

Address: _____

Name: _____ Signature: _____

Address: _____

Name: _____ Signature: _____

Address: _____

PROPERTY OWNER INFORMATION (if different than applicant information):

Name(s): _____

Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION: *Property Survey Required with all applications*

Property tax account number (14 digits):

1. _____

Section: _____ Township (typically 31N): _____ Range (typically 5E): _____

2. _____

Section: _____ Township (typically 31N): _____ Range (typically 5E): _____

Please provide current Title Reports for all properties involved.

Legal description of property:

General location of property, including nearest intersection(s):

Point(s) of access to property: _____

Street or known address of property: _____

Project Surveyor:

Name: _____ Phone: _____ Email: _____

Project Engineer:

Name: _____ Phone: _____ Email: _____

Project Architect:

Name: _____ Phone: _____ Email: _____

Number of parking spaces required: _____ Number of parking spaces provided: _____

Approximate acreage AND square footage of property: _____

Existing zoning of property: _____

Existing comprehensive plan designation of property: _____

Topography of property: _____

Description of surface water: _____

Source of water supply: _____

PROPERTY INFORMATION (CONTINUED):

Proof of septic approval from the Snohomish County Health District must be submitted with application.

Method of sewage disposal: _____

Are there any critical areas on-site? YES ____ NO ____ If yes, please describe: _____

Has the site been logged in the past 6 years? YES ____ NO ____

If yes, please provide Forest Practice Permit Number: _____

Present use of property: _____

Existing uses of immediately adjacent properties (NOT including streets):

North: _____ South: _____

East: _____ West: _____

SPECIFIC ACTIONS: PLEASE FILL IN ALL SECTIONS APPLICABLE TO YOUR ACTION

The Town of Darrington Building Department may require additional documents for application review if needed.

BOUNDARY LINE ADJUSTMENT APPLICATION

Area of conveyance (square footage): _____ Date survey was conducted: _____

FINAL LONG PLAT AND SHORT PLAT APPLICATION

Date of preliminary approval: _____

Improvements (check one): Built ____ Bonded ____ Some built, some bonded ____ Other(specify): _____

PRELIMINARY LONG PLAT AND SHORT PLAT APPLICATION

Plat name: _____

Proposed density per acre: _____ Allowed density per acre: _____

Proposed number of dwelling units: _____

Usable open space (if required): _____% of site, which is _____ square feet.

Recreational open space (if required): _____% of site, which is _____ square feet.

Number of recreational structures (if required): _____

Has this property been subdivided, or has application for subdivision been made, within the last 5 years? Yes ____ No ____

If yes, please give name of applicant, name of plat, and application date: _____

REZONE APPLICATION

Requested zoning: _____

Comprehensive Plan designation: _____

Has anyone applied for a rezone of this property within the last 5 years? Yes ____ No ____

If yes, please give name of applicant and application date: _____

VARIANCE APPLICATION

Code section(s) of variance requested: _____

Description of variance requested: _____

ALL APPLICATIONS

Please list all additional information submitted with this application: _____