



**LAND USE
DESIGN REVIEW
APPLICATION FORM**

APPLICATION FEE: \$ 900.00

Date: _____

APPLICANT INFORMATION:

Name: _____ **Email:** _____

Address _____

Phone: _____ **Cell:** _____

Relation of applicant to property (check one)

Owner **Contract Purchaser** **Lessee** **Other** _____

PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION):

Name: _____ **Email:** _____

Address _____

Phone: _____ **Cell:** _____

• FILL IN SECTIONS APPLICABLE TO YOUR ACTION

Written narrative describing the proposed action and purpose of the application:

PROPERTY INFORMATION:

1) Property Tax Account Number (14 Digits) _____

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

2) Property Tax Account Number (14 Digits) _____

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

Legal Description of Property: or _____ See Attached

General Location of Property Including Nearest Intersection(s):

Point(s) of Access to Property: _____

Street or Known Address of Property: _____

Present Use of Property: _____

Existing Uses of Immediately Adjacent Properties (Not Including Streets):

North _____ South _____

East _____ West _____

Number of Parking Spaces Required: _____ Number of Parking Spaces Provided: _____

Approximate Acreage: _____ Square Footage of Property: _____

Area of Conveyance (Square Footage): _____

Existing Zoning of Property:

_____ Residential _____ Commercial _____ Industrial _____ Other: _____

Existing Comprehensive Plan Designation of Property:

_____ Residential _____ Commercial _____ Industrial _____ Other: _____

Description of Surface Water: _____

Source of Water Supply: _____ Town Municipal Water _____ Well _____ Other

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: _____

Project Surveyor Name: _____

Phone: _____ Email: _____

Date Survey on Property Was Conducted: _____

Project Engineer Name: _____

Phone: _____ Email: _____

Project Architect Name: _____

Phone: _____ Email: _____

Additional Information (attach additional sheets if necessary)

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

OWNERSIP CERTIFICATION:

I DO HEREBY CERTIFY THAT I AM THE MAJOR PROPERTY OWNER OR AN OFFICER OF THE CORPORATION OWNING THE SUBJECT PROPERTY, AND I WILL ABIDE BY ANY REQUIREMENTS AND CONDITIONS THAT MAY BE PART OF THE APPROVAL OF THIS REQUEST.

Property Owner/Officer's Signature

Date

Corporation Name, if Officer: _____

STATE OF WASHINGTON)

) ss

COUNTY OF SNOHOMISH

On this, the ____ day of _____, 20____ before me personally appeared _____, known 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