



Planning and Community Development
 1812 Main Street, P O Box 257
 Lake Stevens WA 98258
 Phone Number (425) 377-3235

To Be Completed By Staff Date of Application: _____ Staff Initials: _____ Permit Number: _____

TYPE III - QUASI-JUDICIAL - HEARING EXAMINER DECISION LAND USE DEVELOPMENT APPLICATION

CHECK ONE

<input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Preliminary Plats <input type="checkbox"/> Shoreline Conditional Use <input type="checkbox"/> Shoreline Variance	<input type="checkbox"/> Variance <input type="checkbox"/> Other: _____
All Shoreline Permits require Floodplain review.	
ARE ANY LOWER LEVEL PERMITS REQUIRED? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____	

Property Information	Site Address:		
	Assessor Parcel No:	Property Square Feet:	Acres:
	Land Use Designation:	Zoning:	
	Number of Buildings on Site/:	Number to be Retained:	
	Existing Impervious Surface Area:	Proposed Impervious Surface Area:	
Applicant	Name/Company:		
	Address:	City/State/Zip:	
	Phone:	Applicants relationship to owner:	
	Fax:	Email:	
Primary Contact	Name/Company:		
	Address:	City/State/Zip:	
	Phone:	Email:	
	Fax:		
Property Owner	Name/Company:		
	Address:	City/State/Zip:	
	Phone:	Email:	
	Fax:		

Project Description	Grading Quantities	Cut:		Fill:	
	Proposed project/land use (attach additional sheets if necessary):				
Building Information	Gross Floor Area of Existing and Proposed Buildings:				
	Bldg 1:	Bldg: 2	Bldg 3:	Bldg 4:	Bldg 5:
	Gross Floor Area by Use of Buildings (please describe use as well as floor area):				
	Use 1:				
	Use 2:				
	Use3:				
	Use4:				

You may not begin any activity based on this application until a decision, including the resolution of any appeal, has been made. Conditions or restrictions may be placed on your permit if it is approved. After the City has acted on your application, you will receive notice of the outcome. If an appeal is filed, you may not begin any work until the appeal is settled. You may also need approvals from other agencies; please check this before beginning any activity.

This application expires 180 days after the last date that additional information is requested (LSMC 14316A.245)

If you suspect that your site contains a stream or wetland or is adjacent to a lake, you may need a permit from the state or federal government.

I DECLARE UNDER PENALTY OF THE PERJURY LAWS THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

Signature of Property Owner/Agent

Date of Application

By affixing my signature I certify that I am the legal owner of the property for which this application is issued or an authorized agent of the owner.



To be completed by staff

Date of Application: _____

Staff Initials: _____

Permit Number: _____

STATEMENT OF OWNERSHIP/APPLICANT AUTHORITY

I certify or declare under penalty of perjury under the laws of the state of Washington that:

1. This application is authorized by the all the land owners with authority to bind the land/property;
2. That the developer is operating under the landowner's authority;
3. That the developer and/or landowner is either an individual or a duly formed and qualified corporation, partnership, or other legal entity; and
4. That the person signing all applications or other legal documents is authorized by the legal entity and/or landowner to do so; and
5. That the application and submittals are true and correct to the best of my information.

Applicant

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Property Owner(s)

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

