

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:	

CHANGE OF USE SUPPLEMENTAL – TYPE I

CHANGEON			TIAL TITLE					
Name/Company:								
Address:	City/State/Zip:							
Phone:	Applicants relationship to owner:							
Fax:	Email:							
Site Address:								
Assessor Parcel No:	Property Square Feet: Acres:					Parcel No: Pro		Acres:
Land Use Designation:	Zoning:							
Name/Company:								
Address:	City/State/Zip:							
Phone:	Email:							
Fax:								
Business Name: Parking stalls dedicated to business:				to business:				
Size of tenant space (square feet):								
Previous use of building or tenant sp	pace:							
Proposed business type (detailed description):								
Describe materials processed or solo	d?							
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	Name/Company: Address: Phone: Fax: Site Address: Assessor Parcel No: Land Use Designation: Name/Company: Address: Phone: Fax: Business Name: Size of tenant space (square feet): Previous use of building or tenant s Proposed business type (detailed designation) Describe materials processed or sol	Name/Company: Address: City/State/Zip: Phone: Applicants related Fax: Email: Site Address: Email: Site Address: Itand Use Designation: Itand Use Designation: Name/Company: Address: City/State/Zip: Phone: Email: Fax: Business Name: Size of tenant space (square feet): Previous use of building or tenant space: Proposed business type (detailed description): Describe materials processed or sold? Hours of operation?	Name/Company: Address: City/State/Zip: Phone: Applicants relationsh Fax: Email: Site Address: Prope Land Use Designation: Zonin Name/Company: Address: City/State/Zip: Phone: Email: Fax: Business Name: Size of tenant space (square feet): Previous use of building or tenant space: Proposed business type (detailed description): Describe materials processed or sold? Hours of operation?	Address: City/State/Zip: Phone: Applicants relationship to owner: Fax: Email: Site Address: Assessor Parcel No: Land Use Designation: Name/Company: Address: City/State/Zip: Phone: Email: Fax: Business Name: Size of tenant space (square feet): Previous use of building or tenant space: Proposed business type (detailed description): Describe materials processed or sold?				

You may not begin any activity until a decision has been made, including the resolution of any appeal (LSMC 14.16A). Conditions or restrictions may be placed on your permit if it is approved. This application expires 180 days after the last date that additional information is requested (LSMC 14.16A.245)

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

Applicant	Property Owner
Signature:	Signature:
Date:	Date:

- ✓ Floor Plan to scale with dimensions
- ✓ Site plan to scale:
 - -Parking layout including ADA
 - -Building location with setbacks from property line
- Permits from other agencies may be required, such as the Sewer District, PUD Water, Health District, etc.
- Separate permits for Tenant Improvements and/or Signs may be required.

FOR CITY USE ONLY									
INSPECTIONS/APPROVALS									
PLANNING:		□ Approved	□ No	ot Approved	□ N/A				
Signature:	Date:								
Criteria 14.16C.030(f):	: (1) Hours of operation - □ Meet								
	(2) Materials processed or sold - Meets								
	(3) Required parking - □ Meets # Required								
	(4) Traffic generation - □ Meets(5) Impact on public utilities - □ Meets								
	(6) Clientele - Meets								
(7) General appearance and location - □ Meets									
Comments:									
BUILDING:		□ Approved	□ No	ot Approved	□ N/A				
Signature:		Date:_							
Comments:									
FIRE:		□ Approved	□ No	ot Approved	□ N/A				
Signature:		Date:_							
Comments:									
ENGINEERING/PUBLIC	WORKS:	□ Approved	□ No	ot Approved	□ N/A				
Signature: Date:									
Comments:									
Change of Use		C of O Issue Date:							
Issue Date:		C OI O 133UE Date.							

NOTE ON ENTERING PROPERTY

The City of Lake Stevens may enter onto the property, which is the subject of this application during the hours of 7:00 a.m. to 5:00 p.m., Monday – Friday, for the sole purpose of inspecting the limited area of the property, which is necessary to process this application. In the event the City determines that such an inspection is necessary during a different time or day, the City employees or agents will contact applicant verbally or in writing at least 24 hours before entering.