

# Land Use Application Cover Sheet

For City Use Only

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

Date Stamp

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

## 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

<b>Applicant:</b>			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
<b>Contact Person, if different:</b>			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
<b>Property Owner(s), if different:</b>			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
<b>Site Address(es):</b>			Zoning:
Assessor Parcel Number(s) – (APNs):			Comp. Plan Designation:
<b>Description of Proposal:</b>			
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: _____

# Buffer Strip Reduction Application

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

For City Use Only

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

Date Stamp

Transitional buffer strips are required in new development and substantial redevelopment of properties zoned commercial or industrial which are adjacent to properties zoned residential or public. These landscaped strips generally consist of solid fencing and evergreen landscaping.

The Community Development Director may reduce the required buffer width and revise the required planting and fencing if the director finds that, due to the intensity of existing or proposed landscaping, change in topography between properties, use of the properties along the abutting property line, or other characteristics of the abutting properties, a reduced buffer width will provide adequate separation between the properties.

A Land Use Application for a Transitional Buffer Strip Reduction is deemed complete when it is accompanied by the required items identified below. Please be advised that additional information may be required during the review process in order to respond to or resolve particular issues. No application shall be considered complete if any of the required information is missing.

## REQUIRED ITEMS

- 1. Land Use Application Cover Sheet, with original signature(s).
- 2. A written statement describing the reduction and the basis for the reduction in full.
- 3. A complete, notarized Affidavit of Ownership for all property owner(s) of the involved property, with original signatures.

For Staff Use ONLY	
Verified	Waived

I/We \_\_\_\_\_, owner(s) of the property commonly known as \_\_\_\_\_, do hereby apply for approval of a Buffer Strip Reduction for the above-referenced property. 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 Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

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

- NOTES**
- 1. An application may be amended only in writing.
  - 2. In each application the burden of proof rests with the applicant, petitioner or proponent.
  - 3. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.



# Affidavit of Ownership

For City Use Only

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

Date Stamp

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

**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:**

## 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 \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

) 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 \_\_\_\_\_

Commission Expires: \_\_\_\_\_