

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

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

8. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.

I/We _____, owner(s) of the property commonly known as _____, do hereby apply for approval of a Conditional Use Permit 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:



Affidavit of Ownership

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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 _____)
) ss.
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: _____