

File Name:

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"/> Landscaping (not with PDR app) | <input type="checkbox"/> Wireless Communication Facility |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Project Design Review (PDR) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Binding Site Plan | <input type="checkbox"/> Rezone/PUD | |
| <input type="checkbox"/> Boundary Line Adjustment/ Lot Comb. | <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"/> Environmental Review (SEPA) | <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: _____

Wireless Communication Facility

File Name:

File Number:

A Land Use Application for a Wireless Communication Facility 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. The Community Development Director may waive any of these items, pursuant to LMC Section 1.35.015(A), upon written request by the applicant and a finding that the item is not necessary to review the application. Additional copies of certain items will be required later in the process.

**REQUIRED ITEMS – ALL MATERIALS SHALL BE ELECTRONIC (PDF)
UNLESS OTHERWISE NOTED**

- 1. Land Use Application Cover Sheet, with original signature(s).
- 2. A written statement by the applicant providing the reasons for the location, design, and height of the proposed tower or antenna(s).
- 3. A written statement by the applicant showing how the proposal addresses those sections of LMC 21.90.100 – Design Standards which require approval by the Director (sections B2, C1, D, and G).
- 4. Documents demonstrating that any necessary easements or property rights have been obtained.
- 5. The contact name, phone number, and mailing address of the company managing the facility.
- 6. Two (2) full-size sets of the following plans:
 - A. A site plan and elevations showing the location of any existing and proposed structures, landscaping, trees, how vehicle access will be provided and other significant site features; and
 - B. A landscaping plan indicating the type and location of plant materials proposed to screen the WCF from view.
- 7. A current overall system plan for the City, showing facilities presently constructed or approved and propagation maps showing the before and after coverage with the new facility.
- 8. Evidence satisfactory to the Community Development Director demonstrating that location or co-location is unfeasible on existing buildings and existing tower facility sites for reasons of structural support capabilities.
- 9. A signed statement indicating:
 - A. The applicant agrees to allow for the co-location of additional WCF equipment by other providers on the applicant's structure consistent with the provisions of this Chapter
 - B. That the applicant agrees to remove the facility within six (6) months after the use of the site is discontinued.
- 10. Plans showing how connections to utilities will occur, the ownership of those utilities, and any proposed right-of-way cuts or easements (not required for attached facilities).
- 11. Two (2) sets of reduced copies (no larger than 11 by 17 inches) of all plans and oversized documents.
- 12. A completed SEPA application, unless the project is categorically exempt from SEPA review.
- 13. A complete, notarized Affidavit of Ownership for all property owner(s) of the involved property, with original signatures.
- 14. Application fee(s).

For Staff Use ONLY	
Verified	Waived

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

- NOTES**
1. The approval of a Wireless Communication Facility Application does not in any way replace, modify or waive any requirement for the compliance of the proposal with other applicable codes, standards, or regulations including, but not necessarily limited to, those of the Building, Fire or Public Works Departments. You are advised to contact these departments concerning such requirements.
 2. *Optional consolidated review:* Per LMC 1.35.080, projects involving two or more land use applications filed at the same time may be “consolidated” upon written request by the applicant at the time of submittal. When applications are consolidated for review, the entire package will proceed using the process involving the highest decision-making authority. For example, for a project involving a Project Design Review application and a Rezone application, both applications would have a final decision issued by City Council. It is strongly recommended that you speak with a staff member about consolidated review so that you are informed of your options and how your applications would be affected.
- I/We hereby request consolidated review.
3. It is the responsibility of the owners, applicants and agents to become aware of the requirements of Title 21-Zoning of the Lynnwood Municipal Code. It is strongly encouraged that a pre-application conference with the City staff be scheduled prior to submittal of an application.
 4. An application may be amended only in writing.
 5. Submittal of this application grants the appropriate city officials the right of entry to the project site during a reasonable hour and, upon proper identification, to the building, structure and/or premise, which is directly related to this application.
 6. In each application the burden of proof rests with the applicant, petitioner or proponent.
 7. 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 Wireless Communication Facility 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

File Name: _____

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: _____
