

LAND USE APPLICATION



ADMINISTRATIVE CONDITIONAL USE PERMIT COMMUNITY & ECONOMIC DEVELOPMENT

18204 59th Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

| | | | |
|--|---|--|--|
| FOR AGENCY USE | Date: | File: | Fee: \$ |
| PERMIT TYPE | | | |
| Type of Permit | <input type="checkbox"/> Homeless Encampments <input type="checkbox"/> Special Event <input type="checkbox"/> Temporary / Seasonal Use <input type="checkbox"/> Transient Merchant Sales | Required Submittals (Check All That Apply) | <input type="checkbox"/> Administrative Conditional Use Checklist <input type="checkbox"/> Required Submittal Items <input type="checkbox"/> Shoreline Substantial |
| SITE INFORMATION | | | |
| Project Name | | | |
| Site Address <small>(Use block # if no bldg. #)</small> | | Tax Parcel ID Number(s) | |
| Property Acreage | | Zoning Classification | |
| Property Square Feet | | Use Classification No. | |
| Water Supply | Current | Proposed | Sewer Supply |
| | | | Current |
| | | | Proposed |
| Existing Use of Property | | | |
| On-Site Critical Areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Critical Area Type <small>(e.g. wetland, steep slope, etc.)</small> | |
| Has Site Been Logged in Past 6 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Will Site Be Logged as Part of This Project? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | OWNER | APPLICANT | CONTACT |
| Name | | | |
| Full Address | | | |
| Phone Number | | | |
| E-mail | | | |
| Relationship of Applicant to Property (check one) | <input type="checkbox"/> Owner | <input type="checkbox"/> Contract Purchaser | <input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____ |
| | PROJECT ARCHITECT | PROJECT ENGINEER | PROJECT SURVEYOR |
| Name | | | |
| Full Address | | | |
| Phone Number | | | |
| E-mail | | | |

| HOMELESS ENCAMPMENTS ONLY | |
|--|--|
| Location of Parking Stalls and ADA Parking Stalls shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of Ingress / Egress plus on-site traffic flow shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of portable restroom facilities, hand washing stations, refuse receptacles, food tent and security tent shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Documents referencing how the proposal meets the requirements of AMC Chapter 20.44.035; including fire department regulations, code of conduct, sponsor or managing agency designation included with submittal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SPECIAL EVENT ONLY | |
| Location of Proposed Use or Activity shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of Parking Stalls and ADA Parking Stalls shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of Ingress / Egress plus on-site traffic flow shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of portable restroom facilities, hand washing stations, refuse receptacles or tents shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TEMPORARY / SEASONAL USE ONLY | |
| Location of Proposed Use or Activity shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of Parking Stalls and ADA Parking Stalls shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of Ingress / Egress plus on-site traffic flow shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of portable restroom facilities, hand washing stations, refuse receptacles or tents shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TRANSIENT MERCHANT SALES ONLY | |
| Location of Proposed Use or Activity shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of Parking Stalls and ADA Parking Stalls shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of Ingress / Egress plus on-site traffic flow shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location of portable restroom facilities, hand washing stations, refuse receptacles or tents shown on site plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Documents that Provide the Following Information? <ul style="list-style-type: none"> • Hours of Operation • Duration of Stay at One Location • Strategies to Minimize Traffic Congestion or Pedestrian Hazards | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICANT CERTIFICATION

I certify that I am the Owner or Owner’s authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above referenced address for the purpose of filing applications for permits or review under the Arlington Municipal Code and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I do hereby declare under penalty of perjury under the laws of the state of Washington that I have familiarized myself with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my knowledge and belief.

DATED AT _____ , Washington on this date: _____

Applicant’s Signature: _____

REAL PROPERTY OWNER CERTIFICATION

I do hereby declare under penalty of perjury under the laws of the state of Washington that I am the owner of the subject property or an officer/member of the entity owning the subject property, that it is my desire to seek the subject land use permit, and that I will abide by any requirements and conditions that may be part of the approval of this request. I also hereby grant permission for City employees, agents of the City and/or other agency officials to enter the subject property, if necessary, for the purpose of site inspections.

DATED AT _____ , Washington on this date: _____

Owner’s Signature: _____

All other property owners of the subject property must also sign below (attach additional sheets if necessary):

1) Name: _____ Signature: _____

Address: _____ Phone: _____

2) Name: _____ Signature: _____

Address: _____ Phone: _____

3) Name: _____ Signature: _____

Address: _____ Phone: _____



City of Arlington

18204 59th Avenue NE
 Arlington, Washington 98223
 (360) 403-3551

Received
 Stamp

Administrative Conditional Use Permit – Submittal Requirements Community Development Director Decision

➤ **The number indicates the item is required for submittal and the number of copies required**
 ➤ **• Indicates the item shall, upon request, be required for submittal**

General Information Meeting Date: _____
Submittal Date: _____

| Submittal Requirements | Complete Submittal Item? | | | Homeless Encampment | Special Event | Temporary / Seasonal Use | Transient Merchant Sales |
|------------------------|--------------------------|----|-----|---------------------|---------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | |

General Application and Site Plan:

| | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|---|---|---|---|
| Land Use Application Form & Submittal Checklists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 |
| USB Flash Drive with PDF's of Submitted Documents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 |
| Review Fee ¹ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 |
| Project Narrative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 |
| Vicinity Map | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 |
| State Business License Number and Documents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 |
| Snohomish Health District Permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • | • | • | 1 |
| Water/Sewer Availability Application ² | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • | • | • | • |
| Site Plan ³ (11x17) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | 2 | 2 | 2 |

Transportation Reports / Information:

| | | | | | | | |
|---------------------------------------|--------------------------|--------------------------|--------------------------|---|---|---|---|
| Traffic Impact Analysis ⁴ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • | • | • | • |
| Transportation Demand Management Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • | • | • | • |
| Parking Demand Management Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • | • | • | • |

NOTES:

1. See the City of Arlington Adopted Fee Schedule.
2. Water / Sewer Availability shall be submitted with or prior to application submittal.
3. See Administrative Conditional Use Site Plan Requirements.
4. Traffic Impact Fees may be required depending on use and location.

All supplemental forms, checklists or requirements can be found at
<http://www.arlingtonwa.gov/269/Applications-Forms>

FOR CITY USE ONLY

| | |
|--|---|
| <input type="checkbox"/> | This application is complete. |
| <input type="checkbox"/> | This application is incomplete. See items noted above. |
| • | The City of Arlington may require additional information. The applicant will be notified in writing if additional information is necessary. |
| <p style="text-align: center;">These submittal requirements are for the City of Arlington permits only. Additional permits may be required by federal, state, regional or local agencies. It is the responsibility of the applicant to ascertain whether other permits are required.</p> | |
| _____ | _____ |
| Community Development Representative | Date |



**ADMINISTRATIVE CONDITIONAL USE
SITE PLAN CHECKLIST
COMMUNITY & ECONOMIC DEVELOPMENT**

18204 59th Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

SITE PLAN SHEET

- Title Block – Top Center of Site Plan Sheet
 - City of Arlington
 - Name of Proposed Development

- Site Information:
 - Site Address
 - Tax Parcel ID Number
 - Zoning Classification
 - Use Classification (from AMC 20.40)
 - Density & Dimensional Calculations
 - Lot(s) Size (both in acreage and square feet)
 - Lot Dimensions (length, width)
 - Building Setback (for existing, proposed, & relocated bldgs. on site)
 - Building Height (for existing, proposed, & relocated bldgs. on site)
 - Adjacent Street Names
 - Required Parking Space Calculations (required & proposed)
 - ADA Parking Stall Locations & Dimensions
 - Site Ingress/Egress (existing and/or proposed)
 - Portable Restroom Facility Location
 - Hand Washing Station Location
 - Refuse Bin Location
 - Event Tent, Food Tent, Security Tent Location
 - Building Elevations (all sides for proposed building or structure – color renderings preferred)
 - Lighting Details (if required)
 - Screening Types Provided (if required)
 - Utility Provider (sewer & water, if required)
 - Critical Area Types Located On-Site and Associated Buffers (if applicable)
 - Shoreline Classification (if applicable)