



LAND USE APPLICATION LAND USE REQUEST

COMMUNITY & ECONOMIC DEVELOPMENT

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

FOR AGENCY USE	Date:	File:	Fee: \$
REQUEST TYPE			
Type of Land Use Request <input type="checkbox"/> Annexation <input type="checkbox"/> Appeal <input type="checkbox"/> CPA <input type="checkbox"/> CAPE <input type="checkbox"/> LUCA <input type="checkbox"/> Master Plan Neighborhood		Required Submittals (Check All That Apply) <input type="checkbox"/> Auxiliary Sheet <input type="checkbox"/> Shoreline Substantial <input type="checkbox"/> Design Review – Admin. <input type="checkbox"/> Design Review – Board <input type="checkbox"/> SEPA <input type="checkbox"/> Traffic – City <input type="checkbox"/> Traffic – County <input type="checkbox"/> Traffic – State	
<input type="checkbox"/> Permit Modification - Minor <input type="checkbox"/> Permit Modification – Major <input type="checkbox"/> Permit Extension <input type="checkbox"/> Rezone <input type="checkbox"/> Utility Service <input type="checkbox"/> Variance			
SITE INFORMATION			
Site Address (Use block # if no bldg. #)		Tax Parcel ID Number(s)	
Acreage & Square Footage Of Property		Zoning Classification	
		Use Classification No.	
Water Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed	Sewer Supply	<input type="checkbox"/> Current <input type="checkbox"/> Proposed
Existing Use of Property			
On-Site Critical Areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Area Type (e.g. wetland, steep slope, etc.)	
	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			

ANNEXATIONS ONLY			
Type of Annexation Method	<input type="checkbox"/> Election Method <input type="checkbox"/> Direct Petition Method <input type="checkbox"/> Municipal Method <input type="checkbox"/> Alternative Direct Petition Method <input type="checkbox"/> Interlocal Agreement Method (for areas served by fire district) <input type="checkbox"/> Interlocal Agreement Method (Unincorporated Island)		
Is the Proposed Area Within the City's Urban Growth Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <small>*Only lands within the City's UGA can be considered for annexation.</small>	Total Acreage of Area to Annexed	
		Pre-Zoning Classification	
APPEALS, PERMIT MODIFICATIONS, PERMIT EXENTIONS, & VARIANCES			
Original or Associated Land Use File Number		FOR AGENCY USE	
Date of Original Decision		Date & Time of Submittal	
REZONES ONLY			
Current Zoning Classification		Proposed Zoning Classification	

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: _____

AUXILIARY SHEET
**CRITICAL AREA PROTECTION EASEMENT
LAND USE REQUEST**

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

Office Hours: Monday – Friday 8AM to 5PM (Closed Holidays)

INSTRUCTIONS

Table I below is a checklist of items that must be submitted as part of your land use request for a critical area protection easement (CAPE).

Please use only paper clips and/or binder clips when assembling documents. Numbers in parenthesis equal the number of copies required.

TABLE I - CHECKLIST

(1) CD-R with Individual PDFs of Each Item Listed Below ↓

(1) Written Narrative (description of proposal)

SITE PLANS (see Table II)

(2) 18" X 24"

REPORTS

Wetland Study

TABLE II –PLAN SHEET REQUIREMENTS

Title Bar (locate along right edge of sheet) that includes the following:

Date Drawing was Prepared or Revised

Project Name & Location

Name, Address, & Phone Number of Applicant, Owner, Engineer, & Surveyor

Existing Lot Lines Within or Adjacent to the Project Site

Existing Easements and Proposed Critical Area Protection Easement (include dimensions)

Existing Critical Area Boundaries and Associated Buffers On-Site and Within 150ft. of Site

Existing Buildings, Driveways, Wells, & Septic Drain Fields