

# LAND USE APPLICATION



## ADMINISTRATIVE CONDITIONAL USE PERMIT COMMUNITY & ECONOMIC DEVELOPMENT

18204 59<sup>th</sup> Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

PERMIT TYPE			
Type of Permit	<input type="checkbox"/> Homeless Encampments <input type="checkbox"/> Temporary / Seasonal Use <input type="checkbox"/> Mobile Sales and Deliveries	Required Submittals	<input type="checkbox"/> Administrative Conditional Use Application <input type="checkbox"/> Submittal Requirement Checklist <input type="checkbox"/> Required Submittal Items
SITE INFORMATION			
Project/Business Name:			
UBI:			
Proposed Use:	<input type="checkbox"/> Vending Cart <input type="checkbox"/> Food Truck <input type="checkbox"/> Ice Cream Truck <input type="checkbox"/> Mobile Espresso <input type="checkbox"/> Retail Trailer <input type="checkbox"/> Homeless Encampment <input type="checkbox"/> Other (Please explain)		
	Other: _____		
Offsite Storage Location If Applicable	Address:	City:	State:
<b>Site Address/Addresses</b> Please provide address for locations within City Limits other than the food truck court, if applicable	Will you be utilizing the food truck court? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	#1.	<input type="checkbox"/> N/A	
	Existing Business Use:		
	#2.	<input type="checkbox"/> N/A	
	Existing Business Use:		
	#3.	<input type="checkbox"/> N/A	
	Existing Business Use:		
#4.	<input type="checkbox"/> N/A		
Existing Business Use:			
OWNER		APPLICANT	PRIMARY CONTACT
Name			
Full Address			
Phone Number			
E-mail			
Relationship of Applicant to Property (check one)	<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee	<input type="checkbox"/> Other: _____

**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

18104 59<sup>th</sup> Avenue NE  
 Arlington, Washington 98113  
 (360) 403-3551

## Administrative Conditional Use Permit- Submittal Requirements Community Development Director Decision

➤ The number indicates the item is required for submittal

• Indicates the item may be required depending on the proposed use and shall be submitted upon request

Submittal Requirements	Included in submission?			Mobile Sales & Delivery	Temporary / Seasonal Use	Homeless Encampments
	Yes	No	N/A			
<b>General Application:</b>						
Land Use Application Form & Submittal Checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Project Narrative <ul style="list-style-type: none"> <li>• Proposed Use</li> <li>• Hours of Operation</li> <li>• Duration of Stay</li> <li>• Strategies to Minimize Traffic Congestion &amp; Pedestrian Hazards</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Permit Fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Snohomish County Health District Approval Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Facility Agreement (If not providing separately) <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Commissary Kitchen Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	•	
Proof of Vehicle Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	•	
Food Truck Court Only: <ul style="list-style-type: none"> <li>• Certificate of Insurance</li> <li>• Proof of COA Business License</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	•		
Documents referencing how the proposal meets the requirements of AMC Chapter 20.44.035	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1
<b>Site Plan Details:</b>						
Proposed Use Location with setback distances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Parking Stalls & ADA Parking Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Ingress/Egress & On-site Traffic Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Crosswalks/Pedestrian Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Portable Facilities Location <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1
Tents or other portable structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	1

### Notes

<sup>1</sup> Facilities include the following: Restroom, hand washing stations and refuse receptacles  
 All supplemental forms, checklists or requirements can be found at <http://www.arlingtonwa.gov/169/Applications-Forms>