

LAND USE APPLICATION



LAND USE REQUEST COUNCIL DECISIONS COMMUNITY & ECONOMIC DEVELOPMENT

18204 59th 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"/> Comprehensive Plan Amendment <input checked="" type="checkbox"/> Land Use Code Amendment <input type="checkbox"/> Rezone		Required Submittals (Check All That Apply)	<input checked="" type="checkbox"/> Land Use Request Submittal Requirements Checklist <input checked="" type="checkbox"/> Required Submittal Items	
SITE INFORMATION					
Project Name	Chapter 20.20 Administrative Mechanisms				
Site Address <small>(Use block # if no bldg. #)</small>	N/A – Citywide		Tax Parcel ID Number(s)	N/A – Citywide	
Property Acreage	N/A – Citywide		Zoning Classification	N/A – Citywide	
Property Square Feet	N/A – Citywide		Use Classification No.	N/A – Citywide	
Water Supply	Current	Proposed	Sewer Supply	Current	Proposed
	N/A	N/A		N/A	N/A
Existing Use of Property	N/A – Citywide				
On-Site Critical Areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Critical Area Type <small>(e.g. wetland, steep slope, etc.)</small>	Citywide – Critical Areas are not affected by this proposal	
		OWNER	APPLICANT	CONTACT	
Name	City of Arlington		City of Arlington	Ameresia Lawlis	
Full Address	238 North Olympic Avenue Arlington, WA 98223		238 North Olympic Avenue Arlington, WA 98223	18204 59 th Avenue NE Arlington, WA 98223	
Phone Number	360-403-3441		360-403-3432	360-403-3432	
E-mail			alawlis@arlingtonwa.gov	alawlis@arlingtonwa.gov	
Relationship of Applicant to Property (check one)	<input checked="" 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			
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>	Pre-Zoning Classification	
Total Acreage of Area to Annexed		Proposed Zoning Classification	
APPEALS			
Original or Associated Land Use File Number		FOR AGENCY USE	Date & Time of Submittal
Date of Original Decision			
COMPREHENSIVE PLAN AMENDMENT			
Chapter or Section			
Proposed Changes			
LAND USE CODE AMENDMENT			
Chapter or Section	Chapter 20.20 Appeals, Variances, Interpretations		
Proposed Changes	Staff is proposing to update Section 20.20.040 to allow for administrative interpretations to any portion of the code or state law requirement, clarification for split zoning within a lot, and removal of the Design Review Board references per Title 2 changes.		
REZONE			
Current Zoning Classification		Proposed Zoning Classification	
Description of Proposal			

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 Arlington , Washington on this date: January 7, 2026

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: _____