



# LAND USE APPLICATION SPECIAL USE PERMIT

## COMMUNITY & ECONOMIC DEVELOPMENT

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

FOR AGENCY USE	Date:	File:	Fee: \$
<b>PERMIT TYPE</b>			
Type of Special Use Permit	<input type="checkbox"/> Cottage (20 ≤ 49 Units) <input type="checkbox"/> Multi-Family (20 ≤ 49 Units) <input checked="" type="checkbox"/> Site Plan Review (≥ 4 ac.)	Required Submittals (Check All That Apply)	<input type="checkbox"/> Items on Auxiliary Sheet <input type="checkbox"/> Shoreline Substantial <input type="checkbox"/> Design Review – Admin. <input type="checkbox"/> Design Review – Board <input checked="" type="checkbox"/> SEPA <input type="checkbox"/> Traffic – City <input type="checkbox"/> Traffic – County <input type="checkbox"/> Traffic – State
<b>SITE INFORMATION</b>			
Site Address (Use block # if no bldg. #)	5802 Cemetary Road Arlington, Washington	Tax Parcel ID Number(s)	31051500200800, 31051500200700
Acreage & Square Footage Of Property		Zoning Classification	GI
		Use Classification No.	B
Water Supply	<input type="checkbox"/> Current <small>AT EXISTING OFFICE</small>	<input type="checkbox"/> Proposed <small>NEW OFFICE</small>	<input type="checkbox"/> Current <small>AT EXISTING OFFICE</small>
		Sewer Supply	<input type="checkbox"/> Proposed <small>NEW OFFICE</small>
Existing Use of Property	<small>BUILDING, &amp; SCALE HOUSE</small> Road construction, civil and residential site work, and commercial building services.		
On-Site Critical Areas?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Critical Area Type (e.g. wetland, steep slope, etc.)	Portage Creek, North side of cemetery RD, and North side of property. Within stillaguamish river drainage, flows to Puget Sound
Has Site Been Logged in Past 6 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Will Site Be Logged as Part of This Project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>OWNER</b>		<b>APPLICANT</b>	<b>CONTACT</b>
Name	Andy Reece	2812 Architecture,	Paul Douglas (2812 Architecture),
Full Address	PO BOX 1531 Marysville, WA 98270	2812 Colby Avenue, Everett, WA 98201	2812 Colby Avenue, Everett, WA 98201
Phone Number	360.659.9600	425. 252. 2153	425. 252. 2153
E-mail	Andy@reece-construction.com	adam@2812architecture.com	paul@2812architecture.com
Relationship of Applicant to Property (check one)	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Lessee	<input type="checkbox"/> Other: <b>APPLICANT</b>	
<b>PROJECT ARCHITECT</b>		<b>PROJECT ENGINEER</b>	<b>PROJECT SURVEYOR</b>
Name	Paul Douglas (2812 Architecture), (Adam Clark, Principal)		
Full Address	2812 Colby Avenue, Everett, WA 98201		
Phone Number	425. 252. 2153		
E-mail	adam@2812architecture.com		

<b>SHORELINE DEVELOPMENT ONLY</b> (Required for all Development Within or Adjacent to a Shoreline)	
Will this Proposal be a Substantial Development as Defined in AMC §20.92.010?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Shoreline Environmental Designation (if yes)	
Are you requesting a Shoreline Variance as allowed under AMC §20.92.130?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>FOREST PRACTICE (For Clearing &gt;10,000sf) AND MITIGATION FOR SIGNIFICANT TREE REMOVAL (All Applications)</b>	
Associated Land Use Permit №	PLN-866
Number of Significant Trees to be Harvested	None
Total Acreage to be Harvested	None
Is there a Current Development Moratorium on the Site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of Forest Land Conversion	<input type="checkbox"/> Class IV – General <input type="checkbox"/> Class IV – Special <u>None</u>
Significant Tree Mitigation Options (A, B, or C)	
Will Significant Trees be Removed During any Phase of this Proposed Project?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If, no, then no mitigation is required)
A) Number of Trees to be Replanted On-Site (3:1 Ratio)	None
<u>OR</u> Date Completed	(For Agency Use Only)
B) Number of Trees to be Replanted Off-Site (3:1 Ratio)	None Location:
<u>OR</u> Date Completed	(For Agency Use Only)
C) Tree Mitigation In-Lieu Fee	(# of Harvested Trees) _____ X (3) X (Tree Cost) = _____
Date Paid	None
Receipt №	

**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 2812 Architecture, Everett, Washington on this date: July 14th, 2021

Applicant's Signature: Paul Douglas

**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 Arlington, Washington on this date: 7/14/21

Owner's Signature: [Signature]

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

1) Name: Andy Reece Signature: [Signature]  
Address: P.O. Box 1531  
Wainwright, WA 98270 Phone: 360 659-9600

2) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_