



COMMERCIAL CHANGE-OF-USE APPLICATION

Community and Economic Development

City of Arlington • 18204 59th Avenue NE • Arlington, WA 98223 • Phone (360) 403 3551

The following information is required for Commercial Change-of-Use Applications. A Change-of-Use in occupancy, is any proposed use that is not consistent with the current permitted use of the building or portion thereof. Occupancy classification is based on the uses outlined in the State adopted Codes. The City of Arlington recommends a General Information Meeting (GIM) for any proposed Change-of-Use. Meetings are held every Wednesday on a first come-first serve basis.

Each suite, building or structure requires a separate submittal.

SUBMIT ELECTRONIC FILES EACH OF THE FOLLOWING; Incomplete applications will not be accepted.

REQUIRED DOCUMENTS

- City of Arlington Change of Use Application
- Site Plan – 11” x 17” and must include the following:
 - Existing building square footage
 - Setbacks from property lines
 - Existing landscaping
 - Parking lot shading from existing trees
 - Number of existing parking stalls and ADA stalls
 - Show all existing elements on the site
 - Show all proposed elements on the site plan
 - Total lot coverage
- Architectural Plans
- Structural Plans, *if applicable*
- Structural Calculations, *if applicable*
- WSEC Compliance Forms <https://waenergycodes.com/>, *if applicable*
- Letter of Verification of Utility Availability from the City of Marysville, *if applicable*
- Airport Property Lease (if building is located within the Arlington Airport Property Boundary)

1. Change-of-Use Review fee is due at time of submittal.
2. A Change-of-Use to a property or existing occupancy may trigger additional requirement per the Arlington Municipal Code, Title 20. This could include but not limited to: Land Use Permit, Design Review, Impact Fees and Stormwater Drainage updates.
3. The City of Arlington does not review or inspect electrical systems. Contact Labor and Industries at lni.wa.gov or 360-416-3000.

I acknowledge that all items designated as submittal requirements must accompany my Building Permit Application to be considered a complete submittal.

Existing Uses(s): <i>Check all that apply</i>		Proposed Uses(s): <i>Check all that apply</i>	
<input type="checkbox"/> Assembly	<input type="checkbox"/> Mercantile/Retail	<input type="checkbox"/> Assembly	<input type="checkbox"/> Mercantile/Retail
<input type="checkbox"/> Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Business	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Educational	<input type="checkbox"/> Residential	<input type="checkbox"/> Educational	<input type="checkbox"/> Residential
<input type="checkbox"/> Institutional	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Industrial

COMMERCIAL CHANGE-OF-USE

DESCRIBE THE EXITING USE:

NARRATIVE OF THE PROPOSED USE:

Property Address: _____		Project Valuation: _____				
Lot #:	Parcel ID No.:	Suite No.:				
Primary Contact:	<input type="checkbox"/> Owner	<input type="checkbox"/> Applicant	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer	<input type="checkbox"/> Contractor	
Property Owner Name: _____		Office No.: _____				
Email Address: _____		Cell No.: _____				
Mailing Address: _____		City: _____	State: _____	Zip: _____		
Applicant Name: _____		Office No.: _____				
Email Address: _____		Cell No.: _____				
Mailing Address: _____		City: _____	State: _____	Zip: _____		
Architect Name: _____		Office No.: _____				
Email Address: _____		Cell No.: _____				
Mailing Address: _____		City: _____	State: _____	Zip: _____		
Professional License Number: _____		Expiration Date: _____				
Engineer Name: _____		Office No.: _____				
Email Address: _____		Cell No.: _____				
Mailing Address: _____		City: _____	State: _____	Zip: _____		
Professional License Number: _____		Expiration Date: _____				
Contractor Name: _____		Office No.: _____				
Email Address: _____		Cell No.: _____				
Mailing Address: _____		City: _____	State: _____	Zip: _____		
L&I Contractor License Number: _____		Expiration Date: _____				
IBC Construction Type: _____		IBC Occupancy Type: _____				
Building Square Footage: _____		Number of Stories: _____				
Square Footage Per Floor:	1 st	2 nd	3 rd	4 th	5 th	6 th

COMMERCIAL CHANGE-OF-USE

**INSTALLATION, MODIFICATION OR REMOVAL MAY REQUIRE A SEPARATE PERMIT SUBMITAL
CHECK ALL THAT APPLY**

- | | |
|---|--|
| <input type="checkbox"/> Automatic fire extinguishing systems
<input type="checkbox"/> Fire pumps
<input type="checkbox"/> Standpipe systems
<input type="checkbox"/> Private fire hydrants
<input type="checkbox"/> Fire alarm and detection systems
<input type="checkbox"/> High piled/rack storage

<input type="checkbox"/> Provide details on any of the above checked items: _____
_____ | <input type="checkbox"/> Compressed gas systems
<input type="checkbox"/> Flammable and combustible liquids (tanks, piping etc.)
<input type="checkbox"/> Hazardous materials
<input type="checkbox"/> Industrial ovens/furnace
<input type="checkbox"/> Spraying or dipping operations
<input type="checkbox"/> Temporary membrane structure, tents (>200 sq. ft.) or canopies (>400 sq. ft.) |
|---|--|

CHANNELIZATION – PAVEMENT CONDITIONS – PEDESTRIAN – BICYCLE – TREES - LANDSCAPING

Justify how planned channelization meets traffic needs of the site:
(vehicle movements, site distance, turning radius, intersection delays, driveway safety)

Should pavement repair be considered as part of this project? Yes No
Describe extents of pavement repair proposed:

Is this project on the city's Transportation Improvement Plan? Yes No

Is there a safe pedestrian path from the parking lot to the business? Yes No
If no, how will this be accomplished and indicate on the Site Plan?

Is there a safe pedestrian path from the parking lot to the Public Right of Way? Yes No
If no, how will this be accomplished and indicate on the Site Plan?

Is this area identified in the City of Arlington Pedestrian Improvement Plan? Yes No
Describe the existing and proposed pedestrian facilities?

Is the project fully served by sidewalks, accessible curb ramps, and safe crosswalks? Yes No
Describe existing ADA features and proposed improvements and how they meet or exceed the current minimum standards of the Americans with Disabilities Act:

Are existing sidewalks in good condition? Yes No
Describe the proposed sidewalk repairs:

Will trees be removed as part of this project? Yes No
Describe any existing trees in the project area that currently or have potential to damage sidewalks:

COMMERCIAL CHANGE-OF-USE

Is the project site fully served by bicycle facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this area identified in the City of Arlington Bicycle Improvement Plan? <i>Describe existing and proposed bicycle facilities:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe how the building(s) serve and invite bicycle traffic: <i>(e.g. covered bike racks, visual interest, smooth transitions, bicycle focused travel ways)</i>	
Describe any existing trees and landscaping assets within the project limits that warrant project investment to sustain: <i>(e.g. preservation of trees)</i>	
Is there an opportunity to plant trees or expand landscape?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the project include any environmental elements? <i>(e.g. reduced pavement, bio-infiltration, vegetated bump outs, native/drought tolerant vegetation, etc.)</i> <i>Describe each proposed element:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain artistic elements in the project area: <i>(e.g. public art, sidewalk inlays, creative street furniture, or bollards or planters, creative bicycle racks etc.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that I am the Owner Applicant Architect Engineer Contractor and authorized to sign this application and that the above information is correct and construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulation of the State of Washington, and the City of Arlington.

Signature Print Name Date