



CITY OF AIRWAY HEIGHTS
PLANNING DEPARTMENT
FEE WORKSHEET

1208 S. Lundstrom, 13120 W. 13th
 Airway Heights, WA, 99001

Finance Office Use Only

BARS Code: _____

Project Name: _____

Applicant: _____	Parcel Number: _____
Address: _____	Physical Address: _____
City, State, Zip: _____	
Phone: _____	

PROJECT FEES

Project	Notes:
Short Subdivision (Short Plat)	
<input type="checkbox"/> Preliminary \$250*	
<input type="checkbox"/> Final \$10/Lot*	
Subdivision	
<input type="checkbox"/> Preliminary \$500*	
<input type="checkbox"/> Final \$10/Lot*	
Binding Site Plan	
<input type="checkbox"/> Preliminary \$500*	
<input type="checkbox"/> Final \$10/Lot*	
Mobile Home Park Creation	
<input type="checkbox"/> Preliminary \$500+\$50/Space*	
<input type="checkbox"/> Final \$750*	
<input type="checkbox"/> Planned Unit Development (PUD) ... \$300+\$10/Lot*	
<input type="checkbox"/> Certificate of Exemption \$75	
Sign Permit	
<input type="checkbox"/> Wall or Incidental \$40	
<input type="checkbox"/> Pole or Freestanding Sign .. \$150	
<input type="checkbox"/> Conditional Use Permit (CUP) \$500*	
<input type="checkbox"/> Variance \$500*	
<input type="checkbox"/> Temporary Use Permit \$30	
<input type="checkbox"/> Home Profession Permit \$30	
<input type="checkbox"/> SEPA Environmental Review \$120*	
<input type="checkbox"/> Environmental Impact Statement ... \$320*	
<input type="checkbox"/> Comprehensive Plan Amendment ... \$500*	
<input type="checkbox"/> Zoning Code Amendment \$500*	
<input type="checkbox"/> Other: _____	

TOTAL DUE:

Worksheet completed by: _____

** An Agreement to Pay Fees form will be required for these projects. The fees will be based upon actual salary or hourly review costs incurred by the City of Airway Heights for on-site project review and/or inspections, plus a fifteen percent (15%) administrative charge, and will be billed monthly.*