



General Land Use Application

For use with all applications listed below

File Number: _____
 Date Received: _____
 Received By: _____
 Fee: _____

Planning Department
 1208 S Lundstrom Street, Airway Heights, WA, 99001 Phone: 509.244.2552 Fax: 509.413.1382

PROJECT NAME: _____

Application Type:

<input type="checkbox"/> Comp Plan/Zoning Amendment	<input type="checkbox"/> Long Subdivision (5-lots or more)	<input type="checkbox"/> Temporary Use Permit (TUP)
<input type="checkbox"/> Rezone	<input type="checkbox"/> Short Subdivision (4-lots or less)	<input type="checkbox"/> Conditional Use Permit (CUP)
<input type="checkbox"/> Administrative/SEPA Appeal	<input type="checkbox"/> Binding Site Plan (BSP)	<input type="checkbox"/> Variance
<input type="checkbox"/> Administrative Exception	<input type="checkbox"/> Mobile/Man. Home Park Creation	<input type="checkbox"/> Home Profession
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Planned Unit Development (PUD)	<input type="checkbox"/> Other: _____

****ALL REQUIRED SUPPLEMENTAL INFORMATION MUST BE SUBMITTED ALONG WITH THIS APPLICATION****

APPLICANT	LANDOWNER (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

SURVEYOR (if applicable)	AGENT (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
E-mail: _____	E-mail: _____

DESCRIPTION OF PROPOSAL

Brief Description of Proposal (kind of use, # of units/lots, etc.)

Proposed Start Date: _____ Proposed Completion Date: _____

Will This Project be Completed in Phases: Yes No

Phasing Schedule: _____

(Phasing plan must be shown on site plan or preliminary plat)

PARCEL INFORMATION

Parcel Number (9-digit tax no.) _____ . _____ Parcel Size: _____ (sqft/acres)

Property Location (address): _____

Legal Description of Property (please provide proof of ownership): _____

Comprehensive Plan Designation: _____ Zoning District: _____

Road(s) Serving the Property: _____ Road Frontage: _____ Ft.

Physical Description of the Site (slope, vegetation, etc.): _____

Topographical Features: _____

Natural or Man-made Limitations of the Site: _____

Existing Use: Residential Commercial Industrial Vacant

Existing Lot Coverage; Structures _____%, _____SqFt. Other: _____%, _____SqFt.

Existing Structures: _____

Existing Utilities: City Water City Sewer Natural Gas Phone Electricity Other: _____

Surrounding Land Uses: Residential Commercial Industrial Vacant

- All appropriate fees must accompany this application. Fees are non-refundable and subject to change. Please contact the Planning Department for current fee totals.
- This application must be completed in its entirety for all items applicable to your project.
- Supplemental information is generally required for land use approvals. Ensure that all required information is submitted along with this application form.

SIGNATURE

I, the undersigned, swear or affirm under penalty of perjury that the above responses are made truthfully and to the best of my knowledge. I further swear or affirm that I am the owner of record of the area proposed for the previously identified land use action, or if not the owner, attached herewith is written permission from the owner authorizing my action on his/her behalf.

Landowner/Applicant/Agent (attach Owner Consent Form if Req'd.)

Date

STAFF USE ONLY

Complete Application: Yes No

SEPA Required: Yes No

Comp. Plan Verified: Yes No

Hearing Date: _____

Zoning Verified: Yes No

Ownership Verified: Yes No

Legal Parcel: Yes No

Notes: _____

Use Allowed: Yes No
