



OFFICE USE ONLY

SUBMITTED: _____

CASE NO.: _____

MASTER PLANNING PERMIT APPLICATION

Check all permits you are applying for in the boxes provided. Submit this application form, the applicable materials listed in the corresponding checklist and fee.

<input type="checkbox"/> Major Site Plan Review	<input type="checkbox"/> Preliminary Short Plat	<input type="checkbox"/> Shoreline Substantial Development Permit	<input type="checkbox"/> Land Clearing
<input type="checkbox"/> Minor Site Plan Review	<input type="checkbox"/> Final Short Plat	<input type="checkbox"/> Shoreline Variance	<input type="checkbox"/> Nonconforming Review
<input type="checkbox"/> Administrative Design Review	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Shoreline Conditional Use Permit	<input type="checkbox"/> Perf. Based Height Exception
<input type="checkbox"/> Alternative Design Review	<input type="checkbox"/> Preliminary Plat Revision	<input type="checkbox"/> Shoreline Exemption	<input type="checkbox"/> Temporary Trailer / Use
<input type="checkbox"/> Alternative Landscape Plan	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Shoreline Revision	<input type="checkbox"/> Administrative Interpretation
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Plat Alterations/Vacation	<input type="checkbox"/> Flood Hazard	<input type="checkbox"/> Rezone
<input type="checkbox"/> Variance	<input type="checkbox"/> Preliminary PRD/PUD	<input type="checkbox"/> Critical Area Variance	<input type="checkbox"/> Height Restriction Area Amendment
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Final PRD/PUD	<input type="checkbox"/> Reasonable Use Exception	<input type="checkbox"/> Comp. Plan Amendment
<input type="checkbox"/> SEPA	<input type="checkbox"/> Final PRD/PUD Amendment	<input type="checkbox"/> Critical Area Review	<input type="checkbox"/> Zoning Text Amendment
<input type="checkbox"/> Tree Removal	<input type="checkbox"/> Boundary Line Adjustment	<input type="checkbox"/> Master Sign Plan	
<input type="checkbox"/> Change in Use	<input type="checkbox"/> Short Term Rental		

Project Name:	
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Project Address:	
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Tax Assessor Parcel Number(s): <i>Attach full legal description</i>	
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APPLICANT/AGENT <input type="checkbox"/> Primary Contact for Application			
Name:		Phone:	
Street:		Fax:	
City/State/Zip:		Email:	

PROPERTY OWNER(S) <input type="checkbox"/> Applicant <input type="checkbox"/> Primary Contract for Application			
Name:		Phone:	
Street:		Fax:	
City/State/Zip:		Email:	

Property Owner(s)

I do hereby affirm and certify, under penalty of perjury, that I am one (or more) of the owners or owner under contract of the herein described property and that the foregoing statements and answers are in all respects true and correct on my information and belief as to those matters, I believe it to be true.

Signature by Property Owner: _____ **Date:** _____

PROJECT DESCRIPTION (PROVIDE DETAILED SUMMARY)

Empty space for project description summary.

UTILITIES

Water Supply (name of utility provider): _____ **Sewage Disposal (name of utility provider):** _____

Empty space for utility provider names.

Access (Name of road or street from which access is or will be gained):

Empty space for access information.

CRITICAL AREA INFORMATION

Wetlands on site Yes No | **Slopes exceeding 15%** Yes No | **Streams** Yes No

Existing Land Use: Describe (or illustrate separately) all existing use structures and all critical areas within 300 feet of property lines.

Large empty space for describing existing land use.

Fee Deposits:

"I acknowledge that I have applied for a permit which requires a deposit for future services to be rendered, as required by section F of the City's adopted Fee Schedule. I understand that, as the applicant, I (we) shall bear all of the costs of these services and will be billed the act costs in excess of the deposit. If the actual costs are below the deposit, I will be refunded the difference." _____(Initials)

Consolidated Permit Processing:

"As the applicant, I (we) elect to have all planning permits submitted concurrently and associated with our project processed collectively under the highest numbered permit procedure per [GHMC 19.01.002\(B\)](#)." _____(Initials)