



CITY OF SNOHOMISH

Founded 1859, Incorporated 1890

116 UNION AVENUE · SNOHOMISH, WASHINGTON 98290 · TEL (360) 568-3115 FAX (360) 568-1375

LAND USE APPLICATION

<input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> DESIGN REVIEW <input type="checkbox"/> DEVELOPMENT PLAN <input type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> LOT LINE ADJUSTMENT <input type="checkbox"/> PLAT <input type="checkbox"/> SHORT PLAT <input type="checkbox"/> FINAL PLAT <input type="checkbox"/> PLANNED RESIDENTIAL DEVELOPMENT <input type="checkbox"/> SEPA (ENVIRONMENTAL REVIEW) <input type="checkbox"/> SHORELINE SUBSTANTIAL DEVELOPMENT <input type="checkbox"/> STREET VACATION <input type="checkbox"/> VARIANCE <input type="checkbox"/> OTHER: _____ PROJECT ADDRESS OR LOCATION: _____	FOR OFFICE USE ONLY						
	FILE #:						
	DATE:	REC'D BY:					
	FEE:	RECEIPT #:					
	<input type="checkbox"/> HE	<input type="checkbox"/> STAFF	<input type="checkbox"/> DRB	<input type="checkbox"/> CC			
	Permit Type	1	2	3	4	5	6
	STAMP IN DATE						
Land Use Designation:							
Property Tax#(s): (14 digits)							
Property Owner:					Phone:		
Mailing Address:					E-mail:		
Applicant/Agent:					Phone:		
Mailing Address:					E-mail:		
Please Attach a Detailed Description of Your Request Note: Property Legal Description Must be Attached							
SIGNATURE OF OWNER(S):							
<p>The undersigned owner, and his/her/its heirs and assigns, in consideration of the processing of the application, agree to release, indemnify, defend and hold the City of Snohomish harmless from any and all damages, including reasonable attorney's fees, arising from any action or infraction based in whole or in part upon false, misleading, inaccurate or incomplete information furnished by the owner, his/her/its agents or employees. The undersigned owner grants his/her/its permission for public officials and the staff of the City of Snohomish to enter the subject property for the purpose of inspection and posting attendant to this application.</p> <p>I/We, hereby attest that I am/we are the owner(s) in fee simple of the property involved in this application and that the foregoing statements and answers contained herein, and the information herewith submitted, are in all respects true and correct to the best of my/our knowledge and belief. I/We shall be solely responsible for verification of all property lines and setbacks. I/We also understand that signing and submitting this application authorizes City staff and agents to enter and inspect the site at any reasonable time for the purpose of reviewing this application.</p>							
_____ Signature			_____ Printed Name			_____ Date	
Subscribed and sworn to before me this _____ day of _____, 20 _____							
_____ Notary Name Printed							
_____ Signature of Notary							
Notary Public in and for the State of Washington, County of Snohomish. Appointment expires: _____							