



PLANNING DEPARTMENT  
 201 Center St W / PO Box 309  
 360-832-3361 / Fax 360-832-2573

<b>Date Recv'd.</b> _____ <b>Deposit \$</b> _____ <b>Receipt #</b> _____
--------------------------------------------------------------------------------

12/17

**MASTER APPLICATION FOR LAND USE ACTIONS**  
 Check all applications for which you are applying.

_____ Conditional Use Permit	_____ Non-Conforming Use Permit	_____ Boundary Line Adjustment
_____ SEPA Review	_____ Preliminary Plat	_____ Binding Site Plan
_____ Variance	_____ Short Plat / Long Plat	_____ Other : _____
_____ Rezone	_____ Final Plat	_____

\*\*\*\*\* APPLICATION DATA \*\*\*\*\*

Project Name: _____
Owner: _____ Address: _____
Phone: _____ Cell: _____ Business: _____
Authorized Agent: _____ Address: _____
Phone: _____ Cell: _____ Business: _____
Contact Person: _____ Cell: _____

\*\*\*\*\* PARCEL DATA \*\*\*\*\*

Site Address: _____ Parcel # _____
Legal Description : QTR SEC. _____ Section _____ Township _____ Range _____
Related Parcels: _____
Utility Sources: Water: _____; Sewer _____; Power: _____
<b>**Include Development Plans (Drawn to scale)</b>

I, \_\_\_\_\_ being duly sworn, declare that I am the contract purchaser, agent or owner of the property involved in this application and that the foregoing statements and answers herein contained and the information herewith submitted are true in all respects and correct to the best of my knowledge and belief.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(OR an Authorized Agent signature if an "Owner Authorization" is signed and attached)*

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_