

# MASTER LAND USE PERMIT APPLICATION

Community Development Department ♦ 501 Delta Avenue ♦ Marysville, WA 98270  
 Office Hours: Mon - Fri 8:00 AM - 4:30 PM ♦ Phone: (360) 363-8000

SITE INFORMATION			
<b>SITE ADDRESS:</b>		<b>APN(S):</b>	
<b>PROPOSED PROJECT NAME:</b>		<b>SECTION, TOWNSHIP, &amp; RANGE:</b>	
<b>LAND USE (ZONING) DESIGNATION:</b>		<b>SHORELINE ENVIRONMENT:</b>	
<b>WATER SUPPLY</b>	<b>Current:</b> <b>Proposed:</b>	<b>SEWER SUPPLY</b>	<b>Current:</b> <b>Proposed:</b>
<b>PRESENT USE OF PROPERTY:</b>			
<b>PRE-APPLICATION CONFERENCE HELD?</b> <input type="checkbox"/> Yes, the City file # is _____ <input type="checkbox"/> No			
	PROPERTY OWNER	APPLICANT	PROJECT CONTACT
<b>NAME</b>			
<b>ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>PHONE</b>			
<b>E-MAIL</b>			
PROJECT INFORMATION			
<b>TYPE OF APPLICATION (Check all that apply):</b>			
<i>**Permit type has supplemental checklist that must be submitted with Master Land Use Permit Application</i>			
<input type="checkbox"/> Annexation Request <input type="checkbox"/> Binding Site Plan (Preliminary)** <input type="checkbox"/> Boundary Line Adjustment** <input type="checkbox"/> Comprehensive Plan Amendment** <input type="checkbox"/> Conditional Use Permit** <input type="checkbox"/> Critical Area Review <input type="checkbox"/> Final Plat Review** <input type="checkbox"/> BSP <input type="checkbox"/> Short Plat <input type="checkbox"/> Major Subdivision	<input type="checkbox"/> Grading Permit <input type="checkbox"/> Major Subdivision (Preliminary)** <input type="checkbox"/> Modification** <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Planned Residential Dev. (PRD)** <input type="checkbox"/> Site Plan Review** <input type="checkbox"/> Commercial <input type="checkbox"/> Multifamily <input type="checkbox"/> Short Plat (Preliminary)	<input type="checkbox"/> SEPA Environmental Review** <input type="checkbox"/> Rezone <input type="checkbox"/> Shoreline** <input type="checkbox"/> SDP Exemption <input type="checkbox"/> Substantial Dev. Permit <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Variance <input type="checkbox"/> Variance** <input type="checkbox"/> Wireless Communication Facility** <input type="checkbox"/> Other	
<b>LIST ANY OTHER PERMITS NEEDED (State/Federal):</b>			
<b>DETAILED PROJECT DESCRIPTION:</b>			

*I certify that I am the owner or owners authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing applications for decision, permits, or review under the Unified Development Code and other applicable Marysville Municipal Codes and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.*

*I certify that the information on this application is true and correct and that the applicable requirements of the City of Marysville will be met. I grant permission for City employees, agents of the City and/or other agency officials to enter the subject property, if necessary, for the purpose of site inspection.*

**Owner/Owner's Authorized Agent**

**Date**