



MASTER LAND USE PERMIT APPLICATION

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

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