

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			
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"/> 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	
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