



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? **Yes, the City file # is** _____ **No**

	PROPERTY OWNER	APPLICANT	PROJECT CONTACT
NAME			
ADDRESS			
CITY, STATE, ZIP			
PHONE			
E-MAIL			

PROJECT INFORMATION

TYPE OF APPLICATION (Check all that apply):
***Permit type has supplemental checklist that must be submitted with Master Land Use Permit Application*

<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