

CITY OF EVERSON
PO BOX 315
EVERSON, WA 98247
(360) 966-3411 * FAX (360) 966-3466

APPLICATION FOR LAND USE PERMITS

File # _____

- | | |
|---|---|
| <input type="checkbox"/> Binding Site Plan _____ | <input type="checkbox"/> Shoreline Variance _____ |
| <input type="checkbox"/> Critical Areas Review _____ | <input type="checkbox"/> Shoreline Conditional Use _____ |
| <input type="checkbox"/> Major Development _____ | <input type="checkbox"/> Zoning Conditional Use _____ |
| <input type="checkbox"/> Planned Unit Development _____ | <input type="checkbox"/> Zoning Variance _____ |
| <input type="checkbox"/> SEPA Checklist _____ | <input type="checkbox"/> Postage (.33 US) (.47 CAN) _____ |
| <input type="checkbox"/> Shoreline Substantial Dev. _____ | <input type="checkbox"/> Other: _____ |

Receipt #: _____ Date Paid: ____/____/____ Total Fees: _____

1. APPLICANT NAME: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone #: (____) _____ - _____

2. APPLICANT'S REPRESENTATIVE: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone #: (____) _____ - _____

3. PROPERTY OWNER'S NAME: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone #: (____) _____ - _____

4. Flood Zone: YES NO

5. Property interest of applicant: Purchaser Lessee Other: _____

6. Site address: _____ Parcel size: _____

Legal Description: Lot__ Block__ Div__ Plat__

within the __ 1/4 of the __ 1/4 of Section ____ Twp__ Range__ WM; Parcel # _____

7. Zoning: _____ Comp. Plan: _____ Shoreline: _____

Subarea: _____ Fire District: _____ School District: _____

8. Water source: _____ Sewage disposal: _____

9. Supplemental Application attached Site development plans attached (11 copies)