



MASTER LAND USE APPLICATION FORM

FILE NUMBER: _____

① PROPERTY WHERE PROJECT IS PROPOSED

ADDRESS:	PARCEL NUMBER(S):
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② PROPERTY OWNER INFORMATION

NAME:			
ADDRESS:	CITY	STATE	ZIP
TELEPHONE:	CELL:	EMAIL:	

③ APPLICANT INFORMATION

NAME:			
ADDRESS:	CITY	STATE	ZIP
TELEPHONE:	CELL:	EMAIL:	

④ CONTACT PERSON

SELECT THE ONE PERSON THE CITY WILL CONTACT FOR ANYTHING RELATED TO THIS PERMIT APPLICANT PROPERTY OWNER CONTRACTOR OTHER (LIST BELOW)

NAME:			
ADDRESS:	CITY	STATE	ZIP
TELEPHONE:	CELL:	EMAIL:	

⑤ OTHER INFORMATION

BRIEF PROJECT DESCRIPTION:			
EXISTING ZONING DESIGNATION:	REQUESTING A REZONE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
EXISTING COMPREHENSIVE PLAN DESIGNATION:	REQUESTING A COMPREHENSIVE PLAN AMENDMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SITE AREA (IN SQUARE FEET & ACRES):			

IS THE PROPERTY LOCATED IN A FLOOD ZONE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a Flood Area Development Permit may be required.
ARE THERE SLOPES IN EXCESS OF 15% ON OR ABUTTING THE SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, make sure these area are clearly shown on the plans being submitted and provide a geotechnical report.
ARE THERE CRITICAL AREAS OR BUFFERS ON OR ABUTTING THE PROJECT SITE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a copy of the critical areas report(s) must be submitted with this application. In addition, the critical area and its associated buffer must be clearly shown on the plans being submitted.
WILL MORE THAN 2-ACRES BE CLEARED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a Land Clearing Permit must be submitted.
WILL MORE THAN 5,000 BOARD FEET OF TIMBER BE HARVESTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a Land Clearing Permit must be submitted.
ARE YOU CONSTRUCTING STORMWATER FACILITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADDITIONAL INFORMATION NEEDED: If yes, list the DOE Manual used to design facility:
ARE YOU WORKING WITHIN AN EXISTING CITY RIGHT-OF-WAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a Right-of-Way Permit must be submitted.
HAS A PRE-APPLICATION MEETING BEEN HELD THAT INCLUDES THIS PROJECT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If no, you may be required to schedule this meeting.
		ADDITIONAL INFORMATION NEEDED: If yes, provide it's City File Number:
IS THIS PROJECT SUBJECT TO THE SEPA PROCESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE: If yes, a SEPA Checklist and its associated materials must be submitted.
		ADDITIONAL INFORMATION NEEDED: If yes, provide it's City File Number:

⑥ ACKNOWLEDGEMENTS & SIGNATURE

Read and initial each of the following statements prior to signing this application:

	I understand that land use and/or planning permits do not authorize earth disturbing activities, the removal of vegetation, or the construction of buildings. I understand that additional permits will be required after my land use and/or planning permitting process is completed. I understand that no earth disturbing activities (including the removal vegetation) may take place until after my land use and/or planning process is complete, and only after I have received additional permits such as Fill & Grade, Building Utility, or Right-of-Way permit(s).
	I understand that if critical areas (wetlands, streams, steep slopes, et cetera) are found on or near my property I am not authorized to impact these areas in any way and will be required to leave an undisturbed buffer area around the critical area. I also understand that depending upon the size and scope of my project that I may be required to enhance a critical area buffer.
	I understand that depending upon the size and scope of my project, I may be required to provide maintenance and/or performance bonds for items such as landscaping, critical areas, public roads and/or public utilities that I construct or install.
	I understand that I am solely responsible for providing complete and accurate information to the City. I understand that if my application is missing information or if inaccurate materials are submitted, my permits will be delayed. I understand that depending on how inaccurate and how incomplete my application is or becomes, the Development Services Department could require an entirely new application be submitted. I understand that when and if conditions change from that which my application originally represented, I am responsible for letting the City staff person assigned to my project know.
	I understand that I am applying for permits from the City of Mount Vernon only; and that additional permits from other Federal and State agencies could be required. I understand that the City of Mount Vernon cannot advise me of permits that are required from other agencies, and that I must contact these agencies to make sure I comply with their requirements. These agencies include (but are in no way limited to): Corps of Engineers, Department of Natural Resources, Department of Ecology, and Northwest Clean Air Agency.
	I understand that I may be required to properly and timely post a pink land use sign on my property during land use and/or planning permitting process. I understand that I am responsible for making sure that this sign continues to be posted on my property until my land use and/or planning process is completed; and I understand that I am responsible for removing and disposing of this sign once my land use process is completed.
	I understand that I will be responsible for paying consultants that the City may deem necessary to review certain aspects of my application. I understand that these consultant reviews could include special inspections, traffic concurrency, critical area, landscaping, et cetera.

By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities. If your title report lists a company, partnership or other owners you must submit evidence that you are authorized to sign on behalf of the entity or others that are listed.

If you are an authorized representative you must submit an AGENT AUTHORIZATION FORM.

Please attach additional signature sheets if there is more than one owner.

Under penalty of perjury I swear that all information provided is true and correct.

Signature

Date

Printed Name

STATE OF WASHINGTON }
 } ss.
COUNTY OF SKAGIT }

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the _____ to be the free and voluntary act and deed of said _____, for the uses and purposes therein mentioned.

Given under my hand and official seal this ____ day of _____, 20____

(SEAL)

Notary Public

Residing at _____

My appointment expires _____



AGENT AUTHORIZATION FORM

Use this form to authorize someone other than the property owner to apply for permits for the subject property.

Project Name: _____

Property Address: _____

City, State, Zip: _____

AUTHORIZATION STATEMENT

I/we, as the owners of the property identified above, authorize the below listed individual to act as our agent to submit applications, receive correspondence regarding the above-listed application, and sign to receive notices on my/our behalf.

DESIGNATED AGENT

Agent Name: _____

Agent Address: _____

Agent City, State, Zip: _____

PROPERTY OWNER SIGNATURE(S)**

Signature: _____ **Signature:** _____

Printed Name: _____ **Printed Name:** _____

Title: _____ **Title:** _____

Company: _____ **Company:** _____

Date: _____ **Date:** _____

**Each property owner listed above must have their signature notarized

STATE OF WASHINGTON
COUNTY OF SKAGIT

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