



# Land Use Application Form

## Base Land Use

### APPLICATIONS

[Please check all that apply to this project]

- Administrative Design Review
- Administrative Use Permit
- Boundary Line Adjustment
- Major Preliminary Site Plan Review
- Minor Preliminary Site Plan Review
- Final Site Plan Review
- Conditional Use Permit
- Conditional Use Permit for Accessory Structure
- Reasonable Use Exception
- Short Plat
- Preliminary Plat Subdivision
- Final Plat Subdivision
- Plat Alteration/Vacation
- Preliminary Development Plan
- Final Development Plan
- Zoning Change
- Zoning Variance
  - Major \_\_\_
  - Minor \_\_\_
- Comprehensive Plan Amendment
- Sign Variance
- Other:

### City of Fircrest

115 Ramsdell Street  
Fircrest, WA 98466

Phone: 253-565-8901  
FAX: 253-566-0762

### APPLICANT/OWNER INFORMATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

E-Mail (optional): \_\_\_\_\_

Site Street Address: \_\_\_\_\_

Assessors Parcel Number(s): \_\_\_\_\_

Representative (if other than applicant): \_\_\_\_\_

Street /Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

E-mail (optional) : \_\_\_\_\_

Property Owner(s) (if other than applicant): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Email-(optional): \_\_\_\_\_

Comp. Plan Designation: \_\_\_\_\_

Site Area (Square feet): \_\_\_\_\_

Zoning Designation: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

### Applicant(s), Representative and/or Owner(s):

Physical characteristics of site: \_\_\_\_\_

Environmentally sensitive areas on or within 150 feet of the property:

Yes [Wetland/Steepslope/Stream]

No

I certify that all of the information submitted in this application including any supplemental information is true and complete to the best of my knowledge and I acknowledge that willful misrepresentation of information will result in the cancellation of this permit application. I have read this application in its entirety and understand that my submittal will be reviewed for completeness and, if found to be complete, will be processed in accordance with FMC 22.05.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_