



**Permit Center**

210 Lottie Street, Bellingham, WA 98225  
 Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382  
 Email: [permits@cob.org](mailto:permits@cob.org) Web: [www.cob.org/permits](http://www.cob.org/permits)

**Land Use Application**

Check all permits you are applying for in the boxes provided. Submit this application form, the applicable materials listed in the corresponding permit application packet(s) and application fee payment.

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessory Dwelling Unit<br><input type="checkbox"/> Binding Site Plan<br><input type="checkbox"/> Clearing Permit<br><input type="checkbox"/> Conditional Use Permit<br><input checked="" type="checkbox"/> Critical Area Permit<br><input type="checkbox"/> Minor Critical Area Permit<br><input checked="" type="checkbox"/> Design Review<br><input type="checkbox"/> Grading Permit<br><input type="checkbox"/> Home Occupation<br><input type="checkbox"/> Institutional<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Landmark – Historic Certificate of Alteration<br><input type="checkbox"/> Legal Lot Determination<br><input type="checkbox"/> Nonconforming Use Certificate | <input type="checkbox"/> Parking Adjustment Application<br><input checked="" type="checkbox"/> Planned Development<br><input type="checkbox"/> Rezone<br><input checked="" type="checkbox"/> SEPA<br><input type="checkbox"/> Shoreline Permit<br><input type="checkbox"/> Shoreline Exemption<br><input type="checkbox"/> Subdivision-Short Plat/Lot Line Adjustment<br><input type="checkbox"/> Subdivision-Preliminary Plat<br><input type="checkbox"/> Subdivision-Final Plat<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Wireless Communication<br><input type="checkbox"/> Zoning Compliance Letter<br><input type="checkbox"/> Other: _____ | <b>Office Use Only</b><br>Date Rcvd: _____<br>Case #: _____<br>Process Type: _____<br>Neighborhood: _____<br>Area Number: _____<br>Zone: _____<br>Pre-App. Meeting: _____<br>Concurrency: _____ |
|---|---|---|

**Project Information**

Project Address 4413 Consolidation Ave Zip Code 98229

Tax Assessor Parcel Number (s) 380332 172175 0000

Project Description 106 unit multifamily complex, including +/- 43,600 SF of usable space, 249 surface parking stalls/8 via Consolidation Ave improvements

**Applicant / Agent**  Primary Contact for Applicant Ave improvements

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Owner (s)**  Applicant  Primary Contact for Applicant

Name Morgan L Bartlett, Jr.

Mailing Address 424 W Bakerview Rd. Suite 109

City Bellingham State WA Zip Code 98226

Phone 360-527-2777 Email morgan@madmorbayllc.com

**Property Owner(s)**

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I grant permission for the City staff and agents to enter onto the subject property at any reasonable time to consider the merits of the application and post public notice. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct.

I also acknowledge that by signing this application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

Signature by Owner/Applicant/Agent \_\_\_\_\_ Date 3/12/2021

City and State where this application is signed: Bellingham City WA State