



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

Project Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Tax Assessor Parcel Number (s) \_\_\_\_\_

Project Description \_\_\_\_\_

**Applicant / Agent**

Primary Contact for Applicant

Name \_\_\_\_\_

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

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

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

**Owner (s)**

Applicant

Primary Contact for Applicant

Name \_\_\_\_\_

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

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

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

**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 \_\_\_\_\_

City and State where this application is signed: \_\_\_\_\_, \_\_\_\_\_  
City State



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**LEGAL LOT DETERMINATION SUBMITTAL REQUIREMENTS**

(PLEASE PRINT CLEARLY OR TYPE IN BLUE OR BLACK INK)

**Application Requirements:**

- A completed Land Use Application form
- All of the materials and information required by this form
- Application fee payment

**Project Data:**

1. Street address of Subject Property: \_\_\_\_\_
2. Size of Parcel (square feet): \_\_\_\_\_
3. Have you ever submitted a building permit application or other land use application for this property? \_\_\_\_\_ If so, please provide the application number: \_\_\_\_\_
4. Have any covenants been recorded to bind this lot to an adjoining lot? \_\_\_\_\_ If so, please attach a copy. (This information can be obtained at a title company).
5. Are there any structures located on the property or encroaching onto the property? \_\_\_\_\_ If so, provide a scaled site plan showing property lines, location, and use of structures.

**Submittal Requirements:**

Please attach the following information, which may be obtained through a title company.

1. If the parcel is not a whole lot in an approved subdivision, provide a deed or sale contract dated prior to September 10, 1964 containing the same division of land as the subject property (the same legal description). If the land division was created after this date, provide a copy of the first deed that contains the current land description.
2. If the lot size is substandard, provide copies of deeds or sales contracts showing the ownership of the subject parcel and all abutting parcels on April 27, 1982. Provide a chain of deed or sale on contract showing the last transfer of ownership prior to April 27, 1982 and the first transfer after that date for the subject property and all abutting parcels.
3. The Planning and Community Development Department may request a survey to determine the location of structures.