



Permit Center

210 Lottie Street, Bellingham, WA 98225

Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382

Email: permits@cob.org Web: 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"/> 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: _____	Office Use Only 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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Critical Areas Ordinance, BMC 16.55 Minor Critical Area Permit Application

A minor critical area permit may be approved for any of the activities specified in BMC 16.55.080 C 1-9 and for certain expansions of non-conforming uses as specified in BMC 16.55.130 if the activity occurs in a critical area and/or its associated buffer.

REVIEW PROCESS:

The City will use a Type I or Type II process to review the application.

A Type I minor critical area permit process is followed for minor activities that do not require SEPA environmental review. A Type II process is required for minor critical area permits that include a SEPA threshold decision. *NOTE: Other federal, state, and local regulations may also apply.*

Approval from the Planning Director or designee is required prior to commencing any activity in a critical area and/or its associated buffer, unless it is an emergency as defined in BMC 16.55.080 C 1.

CRITICAL AREAS EVALUATION:

Minor activities require submittal of a critical areas "evaluation" as specified in BMC 16.55.205.

Minor activities that include normal maintenance, demolition, deconstruction, repair or modification provided there is NO expansion or further encroachment into a critical area and/or its buffer are not required to submit a critical areas evaluation. The minor activities that do not require a critical area evaluation are found in BMC 16.55.080 2--excluding work in the buffer of a geologically hazardous area--and in BMC 16.55.080 3 as long as there is NO expansion or further encroachment into a critical area and/or its buffer. Minor activities that do not require an evaluation must still obtain a minor critical area permit.

Minor activities specified in BMC 16.55.080 C 1 and 4-9 and expansion of non-conforming structures as identified in BMC 16.55.130 are required to submit a critical areas evaluation (BMC 16.55.205) with this application.

BEFORE YOU APPLY:

A Pre-Application Conference is required for Type II project applications unless a written waiver is granted by the Planning Director. A Pre-Application Conference application and a waiver application are available at <http://www.cob.org/services/permits/pages/forms-land-use.aspx> or at the Permit Center in City Hall.

APPLICATION REQUIREMENTS:

- A completed Land Use Application form
- Application fee payment of \$106.00.
- Pre-Application Conference or waiver (Type II)

- SEPA environmental checklist (Type II)
- Mailing list and labels (Type II)

Specify the critical area(s) in which the activity will occur. **(NOTE: Associated buffers are also regulated as critical areas under BMC 16.55.)**

- Wetland
- Wetland buffer
- Geohazard
- Geohazard buffer
- Fish and wildlife habitat conservation area (HCA), (includes streams)--specify type of HCA
- Stream buffer
- HCA buffer
- Frequently flooded area

Additional information may be required in order to evaluate a project for consistency with the CAO.

SITE PLAN REQUIREMENTS:

Identify the critical area(s) on two 11"x17" scaled site plans showing the following information:

- 2 Site plans (min. scale 1"=20') with north arrow and 5-foot topographic contours.
- 2 Site plans reduced to 8½ x 11".
- Property lines including dimensions of the project site.
- Location of all existing and proposed structures.
- Adjacent streets, including street names, driveways and/or access roads
- Vicinity map.
- Location of all existing and proposed utilities.
- Location of existing critical areas and buffers, with labels, on the site and adjacent to the site.
- All existing vegetation proposed to remain and all proposed landscaping.

Please note the following additional submittal requirements:

- For wetlands and wetland buffers:** BMC 16.55.290 requires showing all wetlands on site and within 150 feet of the property boundary. Show the wetland buffer in accordance with the buffer width requirements in BMC 16.55.340 B.
- For streams and other habitat conservation areas:** Provide a map of the stream indicating ordinary high water mark (a survey of the stream ordinary high water mark may be required) and the minimum buffer as specified in the table at BMC 16.55.500 A. For habitat conservation areas, provide the designation in BMC 16.55.470 and a map showing the location of the habitat conservation area and the buffer in accordance with BMC 16.55.490 F.
- For geohazard areas:** Provide a map of the subject site with the geologic hazard area designation mapped and labeled. Geologic hazard area designations are in BMC 16.55.420.
- For frequently flooded areas:** Provide a map of the FEMA floodplain and floodway, if applicable, or the designated frequently flooded areas. Consult with the City's Public Works floodplain manager or stormwater staff to verify the frequently flooded area.

PROJECT DATA:

1. Describe the project with details, including the purpose: _____

2. Specify the minor activity from BMC 16.55.080 C 1-9 and/or BMC 16.55.130 that applies to the proposal. _____

3. Describe how the proposal fits the definition of the specified minor activity in BMC 16.55.080.

4. List the best management practices (BMPs) to be employed to avoid impacts to critical areas.

5. Provide a mitigation plan for temporary and/or permanent impacts. Refer to BMC 16.55.260 for components that may be needed. (The critical area evaluation includes this requirement.)

6. List all parties who will conducting the activity. Provide current contact information including address, phone number, and email address. _____

7. Does SEPA apply? _____. If so, provide a completed SEPA checklist concurrent with this application.

The information on the following pages is required for Type II permits only

MAILING LIST INSTRUCTIONS:

As you get ready to prepare your labels keep the following checklist in mind:

- The information was acquired from the Assessor's office or database
- Addresses for the following members have been included on the label sheet
 - Property Owner Applicant / Contact for Proposal Bellingham Herald
 - All property owners within the required 500' radius (100' for Home Occupation Applications)
 - Applicable Mayor's Neighborhood Advisory Commission Representatives
 - Applicable Neighborhood Association Representatives (This information can be found at
 - <http://www.cob.org/documents/planning/applications-forms/nbrhd-media-notification-list.pdf>
- Mailing information has been printed on Avery 5160 labels (*see attached example*)
- All of the information **completely fits** on a single label
- Notarized **Address Information Verification form** has been completed

NOTE: Errors in mailing labels may result in process delays and re-notice fees.

Obtain Property Ownership Information from the Whatcom County Assessor's Office

- The Assessor's Office is located on the first floor of the Whatcom County Courthouse, 311 Grand Avenue, Bellingham, 360-676-6790.
- Bring enough information to identify all of the property in the project site, such as tax parcel numbers, legal descriptions, address(es) or boundary on a plat map. Assessor's Office staff can help you find the Assessor's map(s) containing the project parcel(s).
- Utilize the Assessor's map to measure the required ownership notice distance (listed on the application) and record the parcel number for each property within or partially within the required distance of 500 feet (*100 feet for Home Occupation*) from the boundary of the project parcel. If the owner of the project property owns other property within the notice distance but not included in the project site, contact the Planning Division to determine whether the notice radius must be increased.
- Record the property owner's name and mailing address by accessing each parcel number via the computer terminals at the Assessor's Office or through the Internet by accessing the database under "Real Property Search" at www.whatcomcounty.us/assessor/index.jsp. Click on the parcel number in the first data screen to bring up a screen with the owner's full address and zip code. The maps are also available at this site if you wish to check a parcel number.
- If the site is a condominium, include the owner of each unit.

Print addresses on Avery 5160 labels

- Labels **must** include the address and fit on one Avery 5160 label:
- Please **DO NOT**
 - o **Repeat names** on the mailing list. If someone is listed as owning more than one property, only list the owner's name and address once on the mailing list.
 - o **List** the tax parcel number on the labels

Address Information Verification form:

Form must be notarized and include a copy of the parcel numbers and property owner's name and mailing address information attached.



Address Information Verification

I / We _____, being duly sworn on oath, hereby certify that I have familiarized myself with the rules and regulations with respect to preparing and filing this application, that the foregoing statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief, and that the list of names and addresses of property owners within 500' of the subject is complete and correct according to the records of the Whatcom Assessor's Office as of _____, 20 __. I understand that if this list does not contain accurate information as listed in the Assessor's Office, this application may be successfully challenged and result in the necessity to reapply.

Signature: _____

Date: _____

Signature: _____

Date: _____

STATE OF WASHINGTON)
) SS
COUNTY OF WHATCOM)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____
_____, 20__.

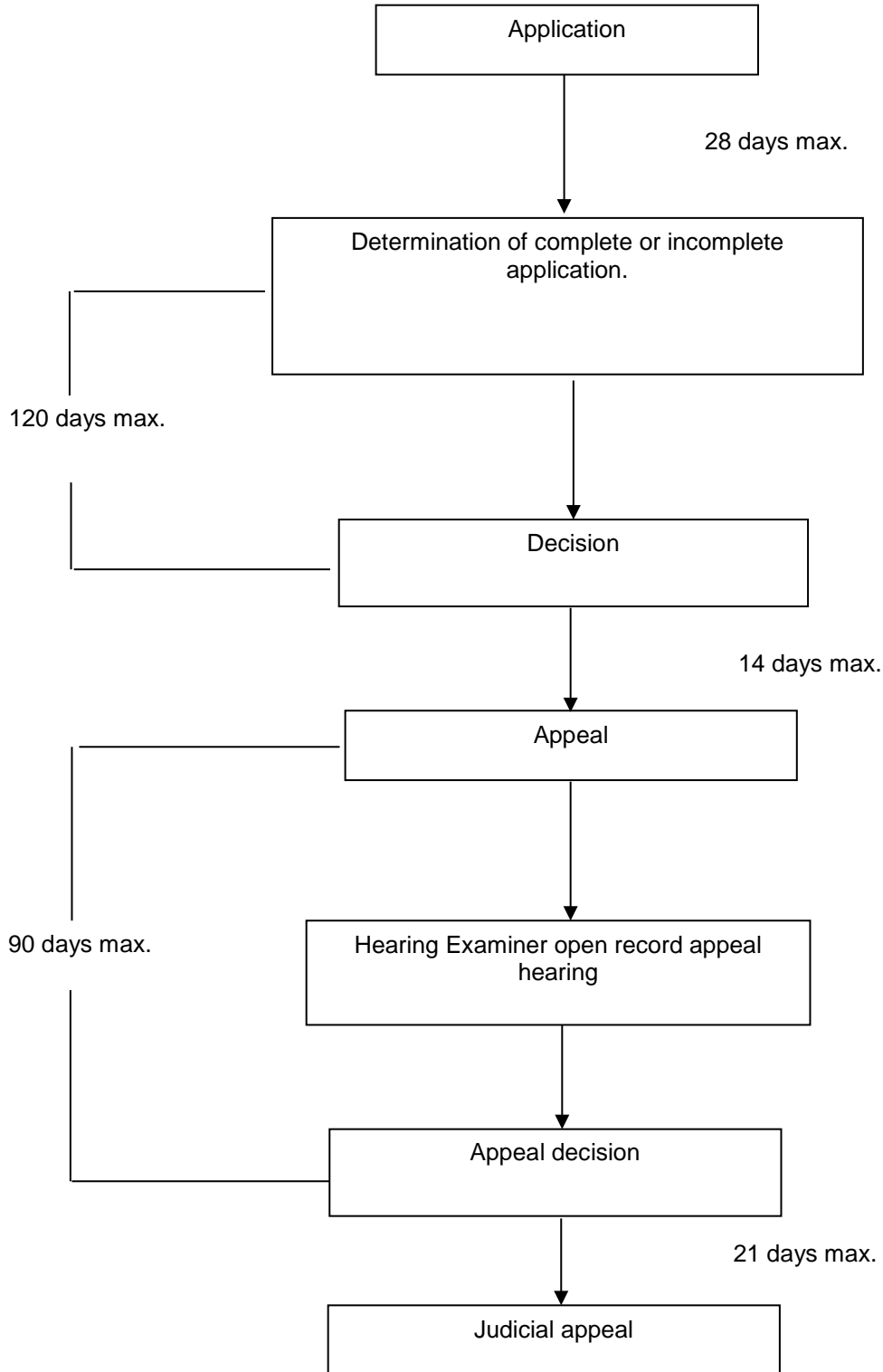
Signature of Notary Public:

Name Printed

My appointment expires

<p><i>Avery 5160 labels or in Avery 5160 label format</i></p>	<p><i>Font – Arial, 11</i></p>	
<p>Property Owner Address City, State, Zip</p>	<p>Applicant Address City, State, Zip</p>	<p>MNAC Representative Address City, State, Zip</p>
<p>Neighborhood Association Rep Address City, State, Zip</p>	<p>Bellingham Herald Community News Department 1155 N. State St. Bellingham, WA 98225</p>	<p>All Property Owners within the specified radius:</p>
<p>First name Last name Address City, State, Zip</p>	<p>First name Last name Address City, State, Zip</p>	<p>First name Last name Address City, State, Zip</p>

TYPE I PROCESS
(Minor Administrative Decisions)



TYPE II PROCESS

(Administrative Decisions)

