



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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VARIANCE PROCEDURE - ZONING

(PROCESS TYPE III-A)

(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
- SEPA Checklist, if applicable
- Application fee payment
- Transportation concurrency certificate, if applicable
- Mailing list and labels for 500 foot radius

Project Data:

1. Nature of Request _____

2. Can the subject property be reasonably used under the existing regulations of the Land Use Ordinance? Explain: _____

3. What impact will the proposed variance have upon the physical environment of the area?
4. Check one High Moderate Minimal Explain: _____

5. What impact will your proposed variance have upon the character and quality of the neighborhood, aesthetic considerations, views, etc?
Check one High Moderate Minimal Explain: _____

APPLICANT JUSTIFICATION

20.18.010 - General Provisions

- A. A variance is a modification of the terms of this ordinance. The Hearing Examiner may grant a variance only if the applicant proves to the Hearing Examiner's satisfaction that because of the unusual shape, exceptional topographic conditions, or other extraordinary situation or condition in connection with a specific piece of property the literal enforcement of the ordinance would involve practical difficulties and cause undue hardship unnecessary to carry out the spirit and intent of this ordinance.
- B. An application for a variance may be submitted for modification of any term or requirement of this ordinance except for the following:
 - (1) To allow a use not generally permitted (either as a principal or conditional use) in the general use type in which the subject property is located, or
 - (2) To authorize a permitted use upon less site area than what is specified as the minimum site area.
 - (3) Sign code modifications, except that holders of billboard relocation permits may apply for variances to performance standards for height, setback, and spacing (as below). Variances to the Billboard Overlay Zone designations, Bellingham Municipal Code 20.08.020, Figure 15 shall not be granted. No variances to billboard face size, number of billboard faces, or number of billboard structures shall be granted. Variances from minimum spacing requirements shall not exceed 10% of the minimum spacing requirement.
 - (4) Definitions of this code.

20.18.020 - Variance Criteria

- A. Variances can be granted by the Hearing Examiner if the applicant proves to the Hearing Examiner that the following criteria are satisfied:
 - (1) Because of special circumstances, not the result of the owner's action, applicable to the subject property, (including size, shape, topography, location, or surroundings) the strict application of the provisions of this ordinance is found to deprive the property of rights and privileges enjoyed by other property in the area and under the identical land use classification; and
 - (2) That the granting of the variance will not be unduly detrimental to the public welfare nor injurious to the property or improvements in the vicinity and subarea in which the subject property is located.
 - (3) That the subject property cannot be reasonably used under the regulations as written.

THE BURDEN OF PROOF FOR THE VARIANCE SHALL BE THE SOLE RESPONSIBILITY OF THE APPLICANT.

State the facts relating to the subject property in a clear and precise manner.

- 1. Explain what exceptional or extraordinary circumstances or conditions exist in connection with the subject property (including size, shape, topography, location, or surroundings) which would cause undue hardship or involve practical difficulties if the Land Use Ordinance is strictly enforced. The plight of the applicant must be unique and not be the result of the applicant's own action.

2. Explain why the strict application of the Land Use Ordinance would deprive you of privileges possessed by owners of other property in the same land use designation and vicinity.

3. Explain why the granting of said variance will not be materially detrimental to the public welfare or injurious to the property or improvements of the vicinity or land use designation in which the subject property is located.

PLANS REQUIRED

Submit three (3) sets of scaled plans and one 8 1/2 x 11 reduction illustrating the following:

1. A standard scaled site plan showing:
 - a. Subject site property lines.
 - b. All existing and proposed buildings.
 - c. Adjoining streets.
 - d. Parking facilities and access: Label proposed and existing, show surfacing, drainage and parking stall dimensions.
 - e. Show any physical features of consequences (creeks, wetlands, topography or grade changes, significant trees or vegetation, etc.)
2. Scaled building plans, if applicable to request, showing:
 - a. A side view(s) (elevation) of the building.
 - b. Floor plans.
3. Any plans, drawings, or photos that help illustrate the variance.

Depending on the nature of the project, additional plans may be required.

NOTE:

1. Staff will schedule applications on the Hearing Examiner's agenda, allowing sufficient time for staff review and legal notifications. This time will vary, but the minimum amount of time required is four (4) weeks prior to the hearing/meeting date.
2. Under no circumstances should the applicant discuss the application with the Hearing Examiner prior to the public hearing.
3. The applicant or an authorized representative must be present at the public hearing.

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 III PROCESS
(Hearing Examiner Decision)

