



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

**WAIVER REQUEST FORM FOR
NEIGHBORHOOD MEETING OR PRE-APPLICATION CONFERENCE**

Check requested waiver:

Neighborhood Meeting

Pre-Application Conference
(Fee is \$107.00)

Office Use Only

Date Rcvd: _____

Case #: _____

Process Type: _____

Neighborhood: _____

Area Number: _____

Zone: _____

Project Address _____

Tax Assessor Parcel Number(s): _____

Brief Project Summary _____

Explain reason for waiver request: _____

Applicant/Agent

Primary Contact for Application

Name _____

Address _____

City/State/Zip _____

Phone _____

FAX _____

Email _____

Owner(s)

Applicant

Primary Contact for Application

Name _____

Address _____

City/State/Zip _____

Phone _____

FAX _____

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.

Signature by Owner/Applicant/Agent _____ Date _____

City and State where this application is signed: _____, _____
City State