



Permit Center
 210 Lottie Street
 Bellingham, WA 98225
 phone: 360-778-8300
 fax: 360-778-8301
 www.cob.org

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"/> Critical Area Exemption <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-Ap. Meeting: _____ Concurrency: _____
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Project Address: _____

Tax Assessor Parcel Number(s): _____

Project Description: _____

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.

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



ACCESSORY DWELLING UNIT SUBMITTAL REQUIREMENTS
(Process Type II)

(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

Project Data:

1. Square Footage of Primary Residence (gross heated floor area) _____
2. Square Footage of Accessory Unit (gross heated floor area) _____
3. Number of Bedrooms in the Proposed Accessory Unit _____
4. Number of Parking Spaces provided for the Primary Residence _____ and Accessory Unit _____
(The rental of an Accessory Dwelling Unit may be subject to the Landlord Tenant Act, RCW 59.18).
5. **Submit two (2) full sets of scaled plans and one 8 1/2 x 11 reduction illustrating the following:**
 - A. A standard scaled (1"=10' or 1"=20') site plan showing:
 - Subject site property lines.
 - The footprint of all existing structures located on the property.
 - The location, size, and design of existing and proposed off-street parking.
 - The footprint of any proposed additions to the residence.
 - B. A scaled floor plan (1/4"=1' or 1/8"=1') of the existing residence.
 - C. A scaled floor plan of the proposed accessory dwelling unit in relation to the residence.
 - D. A photograph or scaled elevation of the front of the residence.

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

MAILING LIST INSTRUCTIONS

Applicants are responsible for providing an accurate mailing list and typed mailing label forms using information from the Whatcom County Assessor's Office. Errors in mailing labels may result in process delays and re-notice fees.

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

Go to the Whatcom County Assessor's Office on the first floor of the Whatcom County Courthouse, 311 Grand Avenue, Bellingham, 360-676-6790. Business hours are 8:30 AM to 4:30 PM Monday through Friday. 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). Measure the required ownership notice distance on the map from the boundary of the project parcel(s). The required distance (commonly 500 feet) is specified on the application form.

Copy the parcel number for each parcel within or partially within the notice distance onto the mailing list form. 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.

Look up the name and mailing address of the owner of each parcel number and record it on the mailing list form. This can be done from the computer data base using the terminals at the Assessor's Office or you can access the same data base through the Internet. The data base is located at www.whatcomcounty.us/assessor/index.jsp under "Real Property Search." 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.

Mailing List Label Format

Type addresses on Avery 5160 labels or in Avery 5160 label format, or type on label grid format provided by the Permit Center. Include owner, applicant and contact for the proposal. Include the Mayor's Neighborhood Advisory Commission member(s) and neighborhood association(s) as described below.

The names must be typed in the format shown below, with one address per grid.

Format: Owner's Name
 Owner's mailing address
 City, State Zip Code

Do not 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.

Do not list the tax parcel number on the labels.

Adding Neighborhood Representatives and Associations

The following addresses must be added to the mailing list:

For the neighborhood in which the project is located and any neighborhood within the required notice distance (usually 500 feet) from the boundary of the project site:

1. The Mayor’s Neighborhood Advisory Commission member for the neighborhood; and
2. Any neighborhood association registered with the Planning and Community Development Department.

Contact Planning Division staff at the Permit Center, Bellingham City Hall, 210 Lottie Street (360-778-8300) to determine which neighborhood representatives and associations must be added to your mailing list and obtain addresses. Add the addresses to the label format for your permit application.

The following neighborhoods are within the required notice radius (check all that apply):

- Alabama Hill
- Birchwood
- CBD
- Columbia
- Cornwall Park
- Edgemoor
- Fairhaven
- Guide Meridian / Cordata
- Happy Valley
- King Mountain
- Lettered Streets
- Meridian
- Mt. Baker
- Puget
- Roosevelt
- Samish
- Sehome
- Silver Beach
- South
- South Hill
- Sunnyland
- Whatcom Falls
- WWU
- York

Application file number/address: _____

Checked by staff: _____

NAMES AND MAILING ADDRESSES OF SURROUNDING PROPERTY OWNERS.

Following are the names and mailing addresses of all property owners having property within 500 feet of the exterior boundary of the subject property. Said names are as recorded in the Whatcom County Assessor's Office and as appear in the authentic tax records of this County. (Attach extra pages if needed.) Also provide mailing labels for each address listed, per the attached mailing list label instructions.

PRINT CLEARLY OR TYPE (IN BLUE OR BLACK INK)

NAME OF CONTACT PERSON	MAILING ADDRESS	CITY/STATE	ZIP CODE		
_____	_____	_____	_____		
NAME OF NEIGHBORHOOD REP/ASSNS	MAILING ADDRESS	CITY/STATE	ZIP CODE		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
NAMES OF PROPERTY OWNERS	MAILING ADDRESSES	CITY/STATE	ZIP CODE	PARCEL NUMBER	LOT/BLOCK/PLAT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I _____ 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 feet 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.

Subscribed and sworn to before me this _____ day of _____, 20 __.

Signature _____

 Notary Public in and for the State of Washington
 Printed name _____
 Residing at _____

Project: Include applicant and contact addresses on labels	Avery 5160 labels or in Avery 5160 label format First name Last name Address City, State, Zip	

TYPE II PROCESS
(Administrative Decisions)

