



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



CLEARING PERMIT REQUIREMENTS

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

The City of Bellingham Clearing Ordinance was adopted in May 1992. The purpose of the ordinance is to encourage preservation of existing vegetation, to minimize erosion, and to reduce any harmful effects to the community and the environment as a result of unnecessary clearing. (For additional information refer to the Clearing Ordinance, #10308)

“Clearing” is any cutting or removal of trees, shrubs, or ground cover, in any manner exceeding minor non-vehicular cutting or removal sufficient for line of sight surveying and foot access trails.

You must obtain written approval from the City of Bellingham Planning & Community Development Department if you do not have an approved building permit and if you plan to clear an area of 5,000 square feet or greater, on slopes greater than 15%, or within 100 feet of any lake, stream, or wetland. Written approval will usually be issued within one day from the date all required information is submitted.

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. Name of Contractor _____ Phone _____
2. Current condition of use or site _____

3. Proposed Use _____

4. Located in Watershed? _____ Overhead power lines / cable? _____
5. Existing structures on-site and adjacent to site _____

6. Description of clearing method and equipment _____

7. Description of erosion control and stabilization methods _____

8. Description of drainage controls _____

Please provide a scaled site plan showing the following:

1. Scale and North Arrow
2. Dimensions of site with property corners shown
3. Street, address, or a specific location
4. Description of slope if greater than 15%
5. Any surface water features: streams, wetlands, seeps, springs, or seasonal drainage on site
6. Location and type of erosion and sedimentation control
7. Show where construction activity, if any, is taking place
8. Indicate access points, construction entrance
9. Show any existing structures on site to remain
10. If site is adjacent to parks property, designated Open Space, or City rights-of-way, indicate their location
11. Show location of all vegetation to be saved and indicate trees to be saved, including species if known

NOTE: CLEARING LIMITS MUST BE MARKED IN THE FIELD WITH FLAGGING OR STAKES. ALL TREES TO BE SAVED MUST BE CLEARLY MARKED. CAUTION SHOULD BE TAKEN TO AVOID DAMAGING THE ROOT ZONE OR "SAVE" TREES (APPROXIMATELY THE DRIP LINE OF THE LONGEST BRANCHES).

Contact the City of Bellingham Planning & Community Development Department for information on native plant landscaping, disposing of land clearing debris, hazard tree assessment, and any other questions you may have about your clearing project.