



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-App. 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



HOME OCCUPATION PROCEDURE AND REQUIREMENTS
(Process Type II) – BMC20.10.45

(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
- Application fee payment

Project Data:

1. Address of Subject Property _____
2. Describe in detail the type of Home Occupation proposed (business type, product produced, hours of operation, expected number of clientele per day or week, and type and frequency of deliveries

3. If a product is to be produced or sold in the occupation, how and where will the product be sold or distributed _____

4. Number of employees _____ Number of off-street parking spaces _____
5. Size and location of sign, if any _____
6. Will there be any visible exterior evidence of the home occupation such as changes to the house or yard _____

7. What impact will your proposed home occupation have upon the character and quality of the neighborhood, such as visual appearance, odors, noise, parking, traffic, or similar effects?
Select one: _____ High _____ Moderate _____ Minimal
8. Explain _____

Please attach with the application, a site plan (map) drawn in black ink, no larger than 11" x 17" showing the following:

1. The lot, clearly dimensioned.
2. The location of the main building in relation to the property.
3. Where the occupation would be located within the main building.
4. The adjacent street(s).
5. The location and dimension of all off-street parking spaces.
6. A north indicator.

B. Authority: The Director is authorized to approve home occupation permits consistent with the regulations and provisions herein.

C. Regulations:

1. Home occupations must be conducted within the main residential building by the occupant. The occupation may include such uses as personal, business, or professional services, or offices and repair shops for household items; however, veterinarian offices and clinics, hospitals, mortuaries, major and/or minor automotive repairs, eating and/or drinking establishments, stables, or kennels are prohibited.
2. There shall be no exterior modification of the building in order to accommodate the occupation, nor shall there be any outward manifestation of the occupation. No home occupation shall be located anywhere but in the main building. The primary use of the premises shall be residential and at no time shall the home occupation be the predominant use.
3. No more than 1 assistant or employee, in addition to the resident(s), may engage in the occupation on the premises. One off-street parking space shall be provided for the use of the employee.
4. A flat, unlighted sign flush against the building is allowed. Such sign shall not exceed 2 square feet in area. The sign shall state only the name/address/phone number of the occupant and the occupation.
5. No retail sales of goods in connection with the Home Occupation shall occur on or about the subject premises.

D. Permit Procedure.

1. **Exempt.** If the home occupation is limited to those activities, which involve bookkeeping and office for a business conducted elsewhere, has no outward manifestation of the business, and no customers or employees coming to the home; it shall be considered "exempt." An exempt home occupation shall be considered an Accessory Use and permitted outright with no land use permit required.
2. **Home Occupation Permit.** Applications are decided using Process Type II.

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
- 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: _____

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)

