



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 _____ Phone _____
 Address _____ FAX _____
 City/State/Zip _____ Email _____

Owner(s) Applicant Primary Contact for Application

Name _____ Phone _____
 Address _____ FAX _____
 City/State/Zip _____ 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



MULTIFAMILY TAX EXEMPTION APPLICATION

Summary of Process Steps:

See Bellingham Municipal Code 17.82 for complete requirements and procedures.

1. Pre-application conference with staff. A meeting with staff to discuss the process and criteria is recommended prior to application.
2. Application. Complete the attached application and submit the applicable materials listed on the form along with the required filing fee. A Design Review Application shall be included (and all applicable environmental documents) if one has not already been processed for the project. Design Review Application forms are available at the Permit Center and on the website at www.cob.org.
3. Review Process. A Tax Exemption Application shall be reviewed together with a Design Review Application if Design Review has not already been processed for the project. Note: When Design Review Approval has already been issued, Tax Exemption Approval may be processed separately and may result in additional conditions placed on the proposal.

The review process for a Tax Exemption Application is as follows:

- a. The Planning and Community Development Department reviews the application and within 90 days determines whether it is consistent with the criteria in BMC 17.82.020 D.
 - b. If the proposal is found to be consistent, the Director may certify the project as eligible for the tax exemption. The applicant shall then enter into a contract with the City regarding the terms and conditions of the project.
 - c. Approval. Upon approval of the contract by the Director, the Director issues a Conditional Certificate of Acceptance of Tax Exemption. The Conditional Certificate expires three (3) years from the date of approval unless an extension is granted as provided in this chapter.
 - d. Denial. If the Director denies the eligibility for tax exemption, the applicant may file an appeal within 30 days of receipt of notice. The City Council decides the appeal.
4. Application for Final Certificate. Upon completion of the improvements agreed upon in the contract between the applicant and the City and upon issuance of a temporary or permanent certificate of occupancy, the applicant may request a Final Certificate of Tax Exemption. The applicant must file with the City's Planning and Community Development Department the following:
- a. A statement of expenditures made with respect to each multi-family housing unit and the total expenditures made with respect to the entire property;
 - b. A description of the completed work with evidence of final City inspection of all work completed and a statement of qualification for the exemption;
 - c. A statement that the work was completed within the required three-year period or any authorized extension; and
 - d. If applicable, a statement that the project meets the affordable housing requirements as described in BMC 17.82.030 B.2.

Within 30 days of receipt of all materials required for the Final Certificate, the Director determines whether the project has been completed in accordance with the contract.

5. Issuance of Final Certificate.

- a. Approval: If approved, the Director files a Final Certificate of Exemption with the Whatcom County Assessor.
- b. Denial: If denied, the applicant may file an appeal within 14 days. The Hearing Examiner decides the appeal.

6. Annual compliance review. Within 30 days after each annual anniversary of the date of filing of the Final Certificate, the applicant submits a notarized declaration containing information required in BMC 17.82.030 J.

City staff shall have the right to conduct on-site verification of the declaration. Failure to submit the annual declaration may result in the tax exemption being canceled.

Criteria for Project Design:

Project design shall be consistent with design standards and guidelines for target areas outlined in BMC 17.82.020 D.

1. PROJECT ELIGIBILITY CHECKLIST:

- The project is located within a Targeted Residential Area, as designated in BMC 17.82.020 C.
- The project does not displace existing residential tenants of structures that are proposed for redevelopment.
- The project includes at least four units of multi-family housing within a residential structure or as part of a mixed-use development.
- At least 50 percent of the space designated for multi-family housing provides for permanent residential occupancy, as defined in BMC 17.82.010 E.
- If applicable, the proposed multi-unit housing project will meet the affordable housing requirements in accordance with BMC 17.82.030 B.2.
- New construction multi-unit housing and rehabilitation improvements are scheduled to be completed within three (3) years from the date of approval of the application.
- The project will be designed to comply with the City's comprehensive plan, building, housing, and zoning codes, and any other applicable regulations in effect at the time the application is approved in accordance with BMC 17.82.030 D.7.
- The property contains no existing structure(s), or structure(s) demolished within the last five years, that are or were listed in the Local, State or National Register, or identified as contributing to an historic district in the City's historic resource inventory.
- The property received a waiver from the City for demolition of a structure(s) listed on the Local Register or identified as contributing to an historic district in accordance with BMC 17.82.030 D.8.c.

2. LAND USE CLASSIFICATION:

Neighborhood Plan Name: _____ Subarea Number: _____
 General Use Type and Use Qualifier: _____ Density: _____

3. Target Area Name: _____ Target Area #: _____

4. Project Name: _____

5. Description of the proposal, including all uses in the proposed building and project (be specific): _____

6. Total number of dwelling units proposed: _____

7. Number of existing residential units: Occupied: _____ Vacant: _____ Total: _____

8. Term of tax exemption requested: 8-year 12-year

9. Number of units for which a tax exemption is requested: _____

10. **Number of tax exempt units that will be:** New construction: _____
 Rehabilitation of vacant units: _____ Conversion from non-residential use: _____
 Rental Units: _____ Owner Occupied: _____ Affordable: _____

11. **Projected cost and floor area (SF) of new construction/rehabilitation:**

Projected total cost and cost/SF of **residential** construction/rehabilitation: \$ A B \$/SF
 Projected total cost and cost/SF of **non-residential** construction/rehab: \$ D E \$/SF
 Total projected cost of **all new** construction/rehabilitation: \$ A+C

Residential:	New Construction		Rehabilitation		Cost per Unit
	Unit Mix	# of Units	Avg. Size	Total SF	
Studio					
1-Bedroom					
2-Bedroom					
3-Bedroom					
Common Areas*	N/A	N/A	N/A		
Totals				A	
Cost per SF				B	

*Includes residential lobbies, recreation areas, parking, storage areas, etc.

Non-Residential:

Use Mix	Total SF	Total Cost	Cost per SF
Commercial, office, retail, etc			D
Commercial Common Areas*			
Totals		C	

*Includes commercial lobbies, restrooms, parking, storage areas, etc.

Source of cost estimates: _____

12. Anticipated construction start date: _____

13. Anticipated project completion date: _____

SUBMITTAL CHECKLIST:

- Application form All requested information must be provided.
- Filing fee Applicable fee as calculated by Planning staff. See separate Fee Schedule.
- Narrative Statement Describe the proposal including all uses in the proposed building and on site amenities (be specific).
- Residential Plan Data Sheet Complete the form attached.
- Signed Statement of Additional Tax, Interest and Penalty Due Complete the form attached.
- Affidavit of Building Vacancy Complete only if it is required for eligibility. Form attached.
- Statement Documenting Violation of Local Housing Standard by Building Official Complete only if it is required for eligibility. Form attached.
- Waiver for Demolition of Historic Structure or Resource Include only if project involves demolition of structures listed in the Local, State or National Register, or identified as contributing to an historic district in the City's historic resource inventory. Waiver must be granted by the City in accordance with BMC 17.82.030 D.8.c.
- Design Review Application All requested information must be provided. Exception: If design review has already been processed and issued for the project, provide a complete copy of the Design Review Permit including approved plan sets.
- Any Other Associated Land Use Applications Consult with Planning & Community Development Department staff to determine whether land use permits are required.
- Property Legal Description (Attach if lengthy)

**CITY OF BELLINGHAM PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT
RESIDENTIAL PLAN DATA SHEET**

Provide the following information for the proposed development. Use definitions and calculation methods in BMC Title 20 Land Use Development.

Total number of dwelling units: _____

	Studio	1-bedroom	2-bedroom	3-bedroom	4-bedroom
Existing units					
Proposed new units					
<Proposed Rehabilitated units>	< >	< >	< >	< >	< >
-Demolished units	-	-	-	-	-
Total net units					

Total site area: _____ square feet

Proposed Density: _____ square feet of land area per dwelling unit

Lot coverage: _____ square feet. _____ percent of site

Open space: _____ square feet. _____ percent of site

Total useable recreation space: _____ square feet

Private useable space: _____ square feet

Common usable space: _____ square feet

Describe type of useable recreation space provided (decks, yards, indoor, outdoor, recreation buildings, type of recreational facilities and equipment, etc.):

Non-residential (commercial, etc.) floor area: _____

Parking:

	Garage	Carport	Open	Total
Residential				
Non-Residential				
Total				

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**STATEMENT OF ADDITIONAL TAX, INTEREST, AND PENALTY DUE
UPON CANCELLATION OF MULTI-FAMILY HOUSING EXEMPTION**

If the exemption is canceled for noncompliance, an additional tax shall be imposed as follows:

- (a) The difference between the tax actually paid and the tax which would have been due for the pro rata share of the tax year following cancellation, and for each tax year thereafter, if the improvements had been valued without exemption, (not to exceed 3 years before discovery of the noncompliance); plus
- (b) A penalty of 20 percent of the difference, plus
- (c) Interest at the statutory rate on (a) + (b) from the date tax could have been paid without penalty if the improvements had been assessed at a value without regard to the exemption.

The additional tax, interest and penalty (a) + (b) + (c) are due within the times provided by RCW 84.40.350 - 84.40.390, and the total bears interest thereafter at the rate provided for delinquent property taxes.

The additional tax, penalty and interest constitute a lien by Whatcom County upon the land which attaches at the time the property is no longer eligible for exemption, and has priority to and must be fully paid and satisfied before a recognizance, mortgage, judgment, debt, obligation, or responsibility to or with which the land may become charged or liable.

AFFIRMATION

As owner(s) of the land described in this application, I hereby indicate by my signature that I am aware of the additional tax liability to which the property will be subject if the exemption authorized by Bellingham Municipal Code Chapter 17.82 is canceled. I declare under penalty of perjury under the laws of the State of Washington that this application and any accompanying documents have been examined by me and that they are true, correct and complete to the best of my knowledge.

Signature(s) of all Owner(s) and Contract Purchaser(s) **(REQUIRED)**:

_____	_____
Date	Date
_____	_____
Date	Date
_____	_____
Date	Date

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Affidavit of Building Vacancy
(Corporate Ownership Format)

I/we, owner(s) of the building described herein, hereby swear under penalty of perjury that the dwelling units for which a tax exemption has been requested, described as:

Address: _____

Legal Description: _____

Assessor's Parcel Number(s): _____

Number of vacant dwelling units: _____

Unit numbers: _____

have been vacant for at least 12 consecutive months prior to application and are currently vacant.

EXECUTED this _____ day of _____ 20____.

STATE OF WASHINGTON)
)**SS**
COUNTY OF WHATCOM)

I CERTIFY that I know or have satisfactory evidence that _____,
signed this instrument, on oath stated that he/she is authorized to execute the instrument and
acknowledged it as the _____ of _____
to be the free and voluntary act of such party for the uses and purposes mentioned in the
instrument.

DATE

(Seal or stamp)

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME

TITLE

DATE APPOINTMENT EXPIRES

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Affidavit of Building Vacancy
(Individual Ownership Format)

I/we, owner(s) of the building described herein, hereby swear, under penalty of perjury, that the dwelling units for which a tax exemption has been requested, described as:

Address: _____

Legal Description: _____

Assessor's Parcel Number(s): _____

Number of vacant dwelling units: _____

Unit numbers: _____

have been vacant for at least 12 consecutive months prior to application and are currently vacant.

EXECUTED this _____ day of _____ 20____.

STATE OF WASHINGTON)
)SS
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that _____
signed this instrument and acknowledged it to be his/her/their free and voluntary act for the
uses and purposes mentioned in the instrument.

DATE

(Seal or stamp)

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME

TITLE

DATE APPOINTMENT EXPIRES

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