



FRANKLIN COUNTY

PLANNING AND BUILDING DEPARTMENT

GENERAL LAND USE DEVELOPMENT APPLICATION

FOR STAFF USE ONLY	FILE #: _____	<i>S T A M P H E R E :</i>
	Total Fees: _____	Date deemed complete: _____
	Receipt #: _____	Pre-App Meeting Date: _____
	Reviewed By: _____	Hearing Date: _____

CHECK ALL THAT APPLY AND ATTACH SUPPLEMENTAL FORM(S):	<input type="checkbox"/> Appeal (File # of item appealed: _____) <input type="checkbox"/> SEPA – Environmental Checklist
<input type="checkbox"/> Binding Site Plan (BSP)	<input type="checkbox"/> Shoreline (SH) – Conditional Use Permit
<input type="checkbox"/> Boundary Line Adjustment (BLA)	<input type="checkbox"/> Shoreline (SH) – Exemption
<input type="checkbox"/> Comprehensive Plan Amendment (CPA)	<input type="checkbox"/> Shoreline (SH) – Non-Conforming
<input type="checkbox"/> Conditional Use Permit (CUP)	<input type="checkbox"/> Shoreline (SH) – Substantial Development
<input type="checkbox"/> Determination – Administrative	<input type="checkbox"/> Shoreline (SH) – Variance
<input type="checkbox"/> Determination – Critical Areas	<input type="checkbox"/> Short Plat (SP)
<input type="checkbox"/> Determination – Non-Conforming Use	<input type="checkbox"/> Subdivision/Preliminary Long Plat (SUB)
<input type="checkbox"/> Determination – Reasonable Use	<input type="checkbox"/> Tax Parcel Separation (TPS)
<input type="checkbox"/> Determination – Zoning Interpretation	<input type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Vacation of Easement (VOE) / Alteration
<input type="checkbox"/> H2A Farm Worker Housing (Zoning Review)	<input type="checkbox"/> Variance
<input type="checkbox"/> Planned Unit Development (PUD)	<input type="checkbox"/> Zone Change/Rezone (ZC)
<input type="checkbox"/> Other: _____	

CONTACT INFORMATION (Please provide all necessary information and checkmark the primary contact)

<input type="checkbox"/>	<u>Property Owner</u>	Mailing Address: _____
	Name: _____	_____
	Phone Number: _____	_____
	E-mail Address: _____	
<input type="checkbox"/>	<u>Applicant/Agent/Contractor</u> (if different)	Phone Number: _____
	Business Name: _____	Mailing Address: _____
	Contact Name: _____	_____
	E-mail Address: _____	
<input type="checkbox"/>	<u>Surveyor / Engineer</u>	Phone Number: _____
	Business Name: _____	Mailing Address: _____
	Contact Name: _____	_____
	E-mail Address: _____	



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PROPERTY INFORMATION

Parcel Number(s) (9-digit tax number):

Legal Description of Property:

Site Address: (describe location if no address is assigned)

BRIEF DESCRIPTION OF PROJECT OR REQUEST

- All appropriate fees must accompany this application. Fees are non-refundable and subject to change. Please contact the Planning Department for current pricing of fees.
- This application, including attachments, must be completed in its entirety for all items applicable to your project.
- Supplemental information is generally required for land use approvals. Please ensure that all required information is submitted along with this application form.
- If the property is owned by a trust, corporation, or LLC, please attach documentation showing that the person signing as the "owner" has the authority to sign on behalf of the trust, corporation, or LLC. If there are multiple owners, provide an attachment in the same format and with the same declarations.

I, the undersigned, hereby authorize the filing of this application and certify under penalty of perjury that the information contained in this application is complete and correct to the best of my knowledge. Further, I hereby grant Franklin County staff or representatives to enter my property during the course of this review to inspect my property as needed.

I understand that any information submitted to the Franklin County Planning and Building Department is subject to public records disclosure laws for the State of Washington (RCW Chapter 42.17) and all other applicable laws that may require the release of the documents to the public.

This authorizes the designated Applicant's representative (if applicable) to act on behalf of the applicant for the processing of this request.

Property Owner (Signature)

Date

Applicant/Representative (Signature)

Date

Property Owner (Print Name)

Date

Applicant/Representative (Print Name)

Date