

ADMINISTRATIVE ZONING WAIVER APPLICATION

Date Stamp

APPLICATION No. _____

Applicants shall be charged a **\$200.00** non-refundable fee for each zoning waiver at the time of application. All Administrative Zoning Waiver Applications must be accompanied by two (2) copies of a scaled site plan showing lot lines, existing conditions, and proposed changes to setbacks and/or building height. The Planning Director may approve an exception to the Zoning Bulk Restrictions provided that no other underlying land use permit normally requiring review and approval by the hearing body is required. (SWMC 17.60.060.)

THIS PAGE TO BE COMPLETED BY CITY STAFF AT THE TIME OF APPLICATION

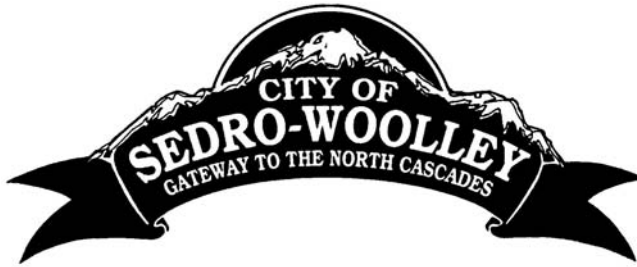
Received	Required Submittal
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- 1 Completed application signed by applicant
- 2 Two copies (2): Scaled site plan showing lot lines, existing conditions and setback and/or height changes;
- 3 Legal description of the property and/or properties;
- 4 Page 3 of the application is filled out and complete.
- 5 Zoning Waiver Fee Paid.

Application Accepted? YES / NO City Official _____ Date: _____

If not accepted, list corrections required for approval:

Correction Description	Correction approved	Date Received



ADMINISTRATIVE ZONING WAIVER

SECTION I - APPLICANT INFORMATION

Fill out completely. Attach legal descriptions and supporting documents as necessary. Please be sure to complete sections I - V. Failure to complete all sections will result in an incomplete application and will not be accepted by City staff.

APPLICANT/PROPERTY INFORMATION

Name: _____

Mailing Address: _____

Site Address (if different): _____

Parcel # _____ Assessor's Tax Account # _____

Home #: ()

Work #: ()

Fax #: ()

LEGAL DESCRIPTION OF AFFECTED PROPERTY (INCLUDE ATTACHMENTS IF NECESSARY):

SHORT DESCRIPTION OF PROPOSED VARIANCE:

WHAT IS THE CURRENT ZONING DESIGNATION INCLUDING SETBACK REQUIREMENTS:

DESCRIBE THE CURRENT USE OF THE PROPERTY (Residential, Commercial, Industrial etc):

LOT DIMENSIONS:

SECTION II – ZONING WAIVER INFORMATION

The Planning Director must use the following criteria for evaluation when making a zoning waiver determination (SWMC 17.60.060). Please fill out as completely as possible and attach any supporting documents supporting your request.

COMPLETE ALL SECTIONS

17.60.060 (A) WILL THERE BE A DETRIMENT TO NEIGHBORS OR THE PUBLIC IN GENERAL IF THE WAIVER IS GRANTED? (Describe how the zoning waiver will not be a detriment. Attach letters of support from neighbors or other supporting documents if possible. Add additional sheets as necessary)

17.60.060 (B) DO SPECIAL CIRCUMSTANCES EXIST THAT MAKE COMPLIANCE WITH THE BULK RESTRICTIONS IMPRACTICAL OR UNREASONABLE? (Describe any hardship(s) encountered with a literal enforcement of City's Setback and/or Height Requirements. Add additional sheets as necessary)

17.60.060 (C) ARE PROVISIONS MADE SO THAT THE PURPOSE AND INTENT OF THE BULK RESTRICTIONS ARE STILL MAINTAINED SUCH AS PRIVACY AND STREET LAYOUT? (Describe what you have done or propose on doing to help mitigate any potential impacts such as landscaping, fences, etc. Add additional sheets as necessary)

SECTION III - SIGNATURE

Complete for this application. Failure to complete will result in an incomplete application

Application is hereby made for an **ADMINISTRATIVE ZONING WAIVER** to request an exception to the zoning bulk restrictions and NOT for any other City regulation concerning the above stated activity. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the City of Sedro-Woolley the right to enter the above-described location to inspect the proposed or completed work.

Date: _____

Signature of Applicant or Designated Agent (REQUIRED)