



**ZONING VARIANCE  
 APPLICATION**

Date Stamp

**APPLICATION No.** \_\_\_\_\_

Applicants shall be charged a **\$400.00** non-refundable fee for each zoning variance at the time of application. All zoning variance applications must be accompanied by two (2) copies of a scaled site plan on plans no smaller than 8.5"x11" showing lot lines, existing conditions, and proposed new construction. Additionally, each application must thoroughly and completely address the approval criteria found in SWMC 17.60.050. Failure to address all three criteria will result in the application being rejected.

**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 proposed new construction.
- 3  Legal description of the property and/or properties;
- 4  Three (3) sets of mailing labels and a signed affidavit of correct names and addresses.
- 5  Zoning Variance Fee(s) Paid.

Application Accepted? YES / NO    City Official \_\_\_\_\_    Date: \_\_\_\_\_

**If not accepted, list corrections required for approval:**

Correction Description	Correction approved	Date Received

# ZONING VARIANCE APPLICATION

## SECTION I - APPLICANT INFORMATION

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

**Applicant:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ **Cell Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

### OWNER INFORMATION

(If Different from Applicant)

**Owner Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_ **Cell Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_

## SECTION II - PROPERTY INFORMATION

**Site Address:** \_\_\_\_\_

**Parcel Number(s):** \_\_\_\_\_

**ZONING DISTRICT** (Please Refer to City Zoning Ordinance Title 17 for zoning information.)

<b>Zoning District</b> (circle one) : <b>R-5</b> <b>R-7</b> <b>R-15</b> <b>MC</b> <b>CBD</b> <b>I</b> <b>OS</b> <b>P</b>			
Minimum lot size:		Lot width at building line:	
Front Setback:		Lot width at public street:	
Side Setback:		Maximum building height:	
Rear Setback:		Maximum lot coverage:	

**DESCRIBE THE CURRENT USE OF THE PROPERTY:**

**SECTION III – ZONING VARIANCE INFORMATION - COMPLETE ALL SECTIONS**

The Hearing Body will use the following criteria for evaluation when making a zoning variance determination on variance request from the lot size requirements, screening provisions, and any of the provisions found in SWMC Chapters 17.36 through 17.48 (SWMC 17.60.010 & 17.060.050). Please fill out all sections completely and thoroughly and attach any documents supporting your request.

**DESCRIPTION OF PROPOSED VARIANCE** (attach additional sheets as necessary):

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

**17.60.050 (B) SPECIAL CIRCUMSTANCES EXIST WHICH ARE NOT COMMON TO OTHER SIMILARLY RESTRICTED PROPERTIES.**

You must document that the reason for the regulation from which relief is requested is unnecessary because special circumstances exist here which are not common to other similarly restricted properties (these circumstances may include physical features of the subject property, nature of surrounding improvements and uses, or proposed designed elements that will meet the same purpose as the regulation from which relief is requested (Attach additional sheets as necessary)

**17.60.050 (C) DESCRIBE HOW THE ABOVE SPECIAL CIRCUMSTANCES ARE SUFFICIENTLY UNIQUE THAT THE CUMULATIVE EFFECT OF SUCH VARIANCES WILL NOT UNDERMINE THE PURPOSE AND INTENT OF THIS CITY'S ZONING CODE** (Attach additional sheets as necessary).

**SECTION IV - SIGNATURE**

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

Application is hereby made for a **ZONING VARIANCE** for an exception from the lot size requirements, screening provisions, and any of the provisions found in SWMC Chapters 17.36 through 17.48 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)**

# City of Sedro-Woolley Mailing Procedure

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1. Obtain a list of names and addresses of residents and property owners within 500 feet of the edge of the subject property. In determining the outside edge, include all other adjacent property owned by the applicant. The source of the names and addresses must be the Skagit County Assessor's records.
2. Obtain a map showing the subject property and all properties on the mailing list. This is available at the Assessor's office.
3. Prepare 3 sets of postage-paid envelopes using these lists.
4. Prepare additional envelopes for residents of the property if the owner does not live on site. If the name of the resident is unknown, address the envelope to "resident".  
*Example: Resident, 123 State St., Sedro-Woolley, WA. 98284.*
5. Fill out the affidavit below and have it notarized.
6. Bring the list, postage-paid addressed envelopes, map, and notarized affidavit to the city Planning Department.

## AFFIDAVIT OF CORRECT NAMES AND ADDRESSES

I, \_\_\_\_\_, do hereby certify  
Affiant

That the attached list of property owners, addresses and parcel numbers for the proposed project, \_\_\_\_\_,  
Name of proposed project

Is a true and correct copy provided for me by the Skagit County Assessor's Office for land within 500 feet of the property lines of P\_\_\_\_\_.  
Site parcel number

Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 2006.

\_\_\_\_\_  
Print Name: \_\_\_\_\_

Notary for the State of Washington,

Residing at \_\_\_\_\_

My Commission expires: \_\_\_\_\_