



# Land Use Permit Application

Permit Center

5411 23rd St E, Fife, WA  
(253) 922-9624

Permit Number(s): \_\_\_\_\_

Project Name: \_\_\_\_\_

### Type of Permit Application

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Binding Site Plan        | <input type="checkbox"/> Shoreline Permit (select one) | <input type="checkbox"/> Planned Residential Development | <input type="checkbox"/> Rezone                                     |
| <input type="checkbox"/> SEPA                  | <input type="checkbox"/> Conditional Use Permit   | <input type="radio"/> CUP                              | <input type="checkbox"/> Variance                        | <input type="checkbox"/> Subdivision (circle one)<br>Prelim - Final |
| <input type="checkbox"/> Short Plat            | <input type="checkbox"/> Boundary Line Adjustment | <input type="radio"/> Variance                         | <input type="checkbox"/> Critical Area Permit            | <input type="checkbox"/> Comp Plan Amendment (Map or Text)          |
|  |   | <input type="radio"/> Exemption                        |  |   |
|  |   | <input type="radio"/> Substantial                      |  |   |

Site Address \_\_\_\_\_

Parcel Number(s)  
List all involved with Proposal \_\_\_\_\_

Description of Project (Include proposed use and size)

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Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner (2) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Architect / Engineer** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

State Contractor's License \_\_\_\_\_ City of Fife Business License  Yes  No

**Short Plat/Subdivision**

Current Lot Area \_\_\_\_\_ Proposed number of new units \_\_\_\_\_  Yes  No  
 Within 300 feet of critical area?

Proposed number of new lots \_\_\_\_\_  Single Family **OR**  Multi Family  Yes  No  
 Critical Areas Onsite?

**CUP/Variance**

**Please provide a written narrative as to the proposals compliance with FMC 19.88.030 (B)(1-5) for a Variance or 19.88.040 (B)(1-5) for a CUP**

**Description**

**Critical Areas Permit**

**Type of Critical Areas Permit (Select One)**

Wetland  Stream  Geologically Hazardous Area  Seismic Hazard Area  Aquifer Recharge Area

Wetland Rating  Wetland Habitat score  Date of Critical Areas Assesment

**CP/Rezone**

For a Comprehensive Plan Text Amendment, please include the desired text amendment

For a Comprehensive Plan Map Amendment, please complete the following:

Current Landuse Designation  Proposed Landuse Designation

Reason for Change

**For a rezone, please provide a separate narrative explaining the reason for the request**

*Notice: I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. All property owners must provide a signature.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_