

4621 Tolt Avenue • P. O. Box 1238 • Carnation, WA 98014-1238 (425) 333-4192 phone • (425) 333-4336 fax • www.carnationwa.gov

MASTER APPLICATION FORM, PROJECT PERMITS TYPE II, III, IV, IV-A, V

Permit Review and Approval in the City of Carnation is governed by Title 15 of Carnation Municipal Code. A copy of the Carnation Municipal Code can be found on the City of Carnation website, www.carnationwa.gov. Please use the "Submittal Requirements" for the type of permit you are applying for. The submittal requirements list all of the necessary materials that must accompany this application.

<u>APPLICANT</u>: Please check the box of the permit(s) you are applying for:

Type II	Type III	Type IV	Type IV A	Type V	Misc/Other
Special Use Permit (CMC 15.18.010 et. Seq.)	Conditional Use Permit (CMC 15.17.190 et seq.)	☐ Preliminary Long Plat	Site Specific Rezone – not consolidated with a Comprehensive Plan amendment	Final Plat Approval (CMC 15.16.350) (1)	Development Agreement *
Clear and Grade if Type II (CMC 15.09.050)	Shoreline Conditional Use Permit (CMC 15.92)	Preliminary Long Plat Amendment (CMC 15.16.370)		Site Specific Rezone – Consolidated with a Comprehensive Plan Amendment	
Short Plat (CMC 15.16.010 et. Seq.)	Shoreline Variance (CMC 15.92.120)	Preliminary Unit Lot Subdivision (CMC 15.16.461)			
Short Plat Amendment (CMC 15.16.460)	☐ Variance (CMC 15.20.030)				
Binding Site Plan (CMC 15.18.410 et seq.)	Sign Variance (CMC 15.68.120)				
Residential Condominium Binding Site Plan (CMC15.18.520 et seq.)	Critical Areas Reasonable Use Exception (CMC 15.88.050)				
Shoreline Substantial Development (CMC 15.92)					
Site Development Review (CMC 15.16.150 et. Seq.)					
Design Review, Major (CMC					

^{*} Pursuant to CMC 15.17.050, an application for Development Agreement shall be accompanied by a signed Cost Reimbursement Agreement and Concurrent Permit Processing Waiver and Release Form



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APPLICANT: Please complete the following with as much detail as possible.

ATTEICANT. Trease complete the following with as much detail as possible.						
General Information						
Property Owner Name*:						
Property Owner Mailing Address:						
Property Owner Phone:			Property Owner Fax:			
Applicant Name*:			Applicant Phone:			
Applicant Mailing Address:						
Applicant Fax:			Applicant Email:			
* A notarized statement of ownership signed by all owners of record must accompany this application. If the owner(s) of record is/are not the applicant, a notarized statement signed by all of the property owners authorizing the applicant to act as a representative for the property owners must accompany this application. All owners of the subject property must sign the notarized statement.						
Project Information:						
Project Name:						
Site Address:						
Assessor's PIN:	Zone:		Total Parcel Area (sf):			
Existing Use of Property:						
Proposed Use of Property:						
Total square feet of new construction or expansion, if applicable:						
Number of new lots proposed, if applicable:						
Square Footage of Existing Buildings:						
Retail Residentia	al Storage		_ Industrial Office TOTA			



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	Please describe the scope of the proposed project:				
	The Applicant is proposing a short plat of parcel #306010-0120, which is				
	approximately 10,619 square feet (0.24 acres) in size. The existing house is				
proposed to be retained on the southern portion of the lot and two (2), two-story					
units are proposed in the northern half of the lot (Unit A and Unit B). Access for					
the existing home is via Blanche Street and the proposed access for the two ne					
dwellings will be via a shared driveway to the alleyway to the north.					



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Affidavit:						
I, the undersigned, hereby declare that the above information is true and complete to the best of my knowledge. It is understood that the City of Carnation may nullify any decision made in reliance upon information given on this application form should there be any willful omission of significant information or any misrepresentation or lack of full disclosure on my part.						
Applicant's Signature:	Date: 10/3/2023					
Certificate for An Acknowledgment in an Individual Capacity						
STATE OF WASHINGTON)					
COUNTY OF king) ss)					
I certify that I know or have satisfactory evidence that Share M for Iney is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.						
Dated 10/3/2023	PUBLIC Residing at:	ax Public in and for the State of Washington Amita Pau Printed Name Redmond intment expires: 03/13/2027				
For City use only:						
Date Received:	Received By:	¥				
Date of Determination of Complete Application:	Date of Notice of Application:	Date of Notice of Decision				
Comments:						