



# CITY OF CARNATION

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

APPLICANT: 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
<input type="checkbox"/> Special Use Permit (CMC 15.18.010 et. Seq.)	<input type="checkbox"/> Conditional Use Permit (CMC 15.17.190 et seq.)	<input type="checkbox"/> Preliminary Long Plat	<input type="checkbox"/> Site Specific Rezone – not consolidated with a Comprehensive Plan amendment	<input type="checkbox"/> Final Plat Approval (CMC 15.16.350) <sup>(1)</sup>	<input type="checkbox"/> Development Agreement *
<input type="checkbox"/> Clear and Grade if Type II (CMC 15.09.050)	<input type="checkbox"/> Shoreline Conditional Use Permit (CMC 15.92)	<input type="checkbox"/> Preliminary Long Plat Amendment (CMC 15.16.370)		<input type="checkbox"/> Site Specific Rezone – Consolidated with a Comprehensive Plan Amendment	
<input checked="" type="checkbox"/> Short Plat (CMC 15.16.010 et. Seq.)	<input type="checkbox"/> Shoreline Variance (CMC 15.92.120)	<input type="checkbox"/> Preliminary Unit Lot Subdivision (CMC 15.16.461)			
<input type="checkbox"/> Short Plat Amendment (CMC 15.16.460)	<input type="checkbox"/> Variance (CMC 15.20.030)				
<input type="checkbox"/> Binding Site Plan (CMC 15.18.410 et seq.)	<input type="checkbox"/> Sign Variance (CMC 15.68.120)				
<input type="checkbox"/> Residential Condominium Binding Site Plan (CMC 15.18.520 et seq.)	<input type="checkbox"/> Critical Areas Reasonable Use Exception (CMC 15.88.050)				
<input type="checkbox"/> Shoreline Substantial Development (CMC 15.92)					
<input type="checkbox"/> Site Development Review (CMC 15.16.150 et. Seq.)					
<input type="checkbox"/> Design Review, Major (CMC 15.18.720)					

\* 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.

**General Information**

Property Owner Name\*: FORTWEST LLC

Property Owner Mailing Address: PO BOX 522 WOODINVILLE, WA 98072

Property Owner Phone: 425-308-0528

Property Owner Fax:

Applicant Name\*: SHANE FORTNEY

Applicant Phone: 425-308-0528

Applicant Mailing Address: PO BOX 522

Applicant Fax:

Applicant Email: sfortney@live.com

*\* 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: FORTWEST LLC

Site Address: 4299 STOSSEL AVENUE

Assessor's PIN: 865730-0062

Zone: R24

Total Parcel Area (sf): 10,493

Existing Use of Property: RESIDENTIAL

Proposed Use of Property: RESIDENTIAL

Total square feet of new construction or expansion, if applicable: 4,578

Number of new lots proposed, if applicable: 4

Square Footage of Existing Buildings:

\_\_\_\_ Retail **926** \_\_\_\_ Residential \_\_\_\_ Storage \_\_\_\_ Industrial \_\_\_\_ Office **926** **TOTAL**



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Please describe the scope of the proposed project:

WE PROPOSE TO SUBDIVIDE THE EXISTING 10,477 S.F. LOT INTO 4 LOTS.



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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: Shane Fortney Date: 6/26/2023  
(to be signed in the presence of a Notary Public)

*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 Shane M Fortney 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 6/26/2023



X Amita  
Notary Public in and for the State of Washington  
AMITA PAUL Printed Name

Residing at: REDMOND, WA  
My appointment 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:		