




TOWN OF RUSTON
PLANNING SERVICES

5117 North Winnifred Street Ruston, Washington 98407-6597
 Phone (253)759-3544 Fax (253)752-3754

Conditional Use Permit
Application and Submittal Checklist

| | |
|--|---|
| Tax Parcel Number 365000700 | Permit Number (staff use only) |
| Site Address 5114 N 49th St | Project Name (staff use only) |
| Property Owner Name Craftsman Consulting | Applicant Name Craftsman Consulting |
| Property Owner Mailing Address PO Box 626 Auburn, WA 98071 | Applicant Mailing Address PO Box 626 Auburn, WA 98071 |
| Property Owner Phone 253-332-5823 | Applicant Phone 253-722-4864 |
| Property Owner E-mail Address craftsmanconsulting@yahoo.com | Applicant E-mail Address adaptbd@yahoo.com |

| | | |
|---|---|---------------------------|
| Zoning Designation <input checked="" type="checkbox"/> RES <input type="checkbox"/> COM <input type="checkbox"/> COM-P <input type="checkbox"/> MPD | I certify that I have read and examined this application and have completed it with information that I know to be true and correct. I also give permission for Town employees to enter the site to perform any necessary inspections.  _____ Property Owner Signature | _____ 03/13/24 Date |
|---|---|---------------------------|

| Applicant Checklist | | Included? | | |
|-------------------------------------|--|--------------------------|--------------------------|--------------------------|
| | | Yes | Need | N/A |
| Yes | N/A | | | |
| <input checked="" type="checkbox"/> | Review Fee Deposit of \$3,350 (\$150 fee, plus \$3200 deposit per RMC 1.14.050(e)). Please attach a copy of proof of payment. | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> | Project Description (general description of the proposed use, including the existing/proposed sq/ft, amount of fill materials imported/exported, etc) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> | Statement of Justification Please provide a written statement that addresses all approval criteria for the proposed conditional use as specified in RMC 25.01.110(b)(1)(A), and also for any specific criteria applicable to the underlying zone. | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Site Plan - showing grade, the height, the lot coverage, the dimensions of all existing and proposed structures and the distance from property lines and all improvements to be added to the property. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Impervious Surface Calculations (Show impervious surface in sq/ft on Site Plan) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Critical Areas Documentation Provide documentation regarding the presence of any critical areas located on site. (wetlands, steep slopes, aquifer recharge, fish and wildlife, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Additional Information - additional written or graphic information necessary to enable the Planning Commission and Town Council to act on the application. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |