

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

| | | | Application and | Submittal Checklist | | | |
|---|--|----------|--|---|--|-------------|---|
| Tax Parcel Number | | | | Permit Number (staff use only) | | | |
| Site Address | | | | Project Name (staff use only) | | | |
| Property Owner Name | | | | Applicant Name | | | |
| Property Owner Mailing Address | | | | Applicant Mailing Address | | | |
| Property Owner Phone | | | | Applicant Phone | | | |
| Property Owner E-mail Address | | | | Applicant E-mail Address | | | |
| | RES COM COM-P | | correct. I also give permission for Town emp | ployees to enter the site to perform any necessary inspections. Date | | | _ |
| ^nnli | | hacklist | Troperty Owner Signature | | | | |
| Yes O O O O O O O O O O O O O O O O O O O | Review Fee Deposit of \$3,350 (\$150 fee, plus \$ copy of proof of payment. Project Description (general description of the pramount of fill materials imported/exported, etc) Statement of Justification Please provide a writt the proposed conditional use as specified in RMC 25 applicable to the underlying zone. Site Plan - showing grade, the height, the lot cove structures and the distance from property lines and Impervious Surface Calculations (Show impervious Critical Areas Documentation Provide document located on site. (wetlands, steep slopes, aquifer records) | | | nd all improvements to be added to the property. vious surface in sq/ft on Site Plan) ntation regarding the presence of any critical areas recharge, fish and wildlife, etc) raphic information necessary to enable the Planning | | cluded Need | |