

TOWN OF RUSTON

PLANNING SERVICES

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

Variance 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			
Proper	rty Own	er Phone		Applicant Phone			
Proper	ty Own	er E-mail Ad	ldress	Applicant E-mail Address			
Zoning	g Design RES COM COM-P	ation	correct. I also give permission for Town emp	application and have completed it with information that I know oloyees to enter the site to perform any necessary inspections.		true a	ind
	MPD		Property Owner Signature	Date			
Appli Yes	icant C N/A		· (Please see RMC 25.01.110) Fee Deposit of \$3350, (\$150 Fee, plus	s \$3200 deposit) as per RMC 1.14.050(d)		clude Need	
		requesting	g variance from and what site specific ha	be in detail the specific code section(s) you are ardships exist that would help to justify the request, as			
	required by RMC 25.01.110(a)(1). Site Plan - showing grade, the height, the lot contain the distance from property lines and all improve areas, etc, as required by RMC 25.01.110(a)(1).			verage, the dimensions of all existing structures and tents to be added to the property, including yard			
Justification Statement - Provide a concise wri				ten statement explaining how the proposed use s required by RMC 25.01.110(a)(1) - (see RMC for a			
Additional Information - additional written or commission and Town Council to act on the appli				raphic information necessary to enable the Planning cation, as required by RMC 25.01.110(a)(1).			
		SEPA Che	ecklist, if applicable				
					stafi	f usa i	only