



**Permit Center**

210 Lottie Street, Bellingham, WA 98225  
Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382  
Email: [permits@cob.org](mailto:permits@cob.org) Web: [www.cob.org/permits](http://www.cob.org/permits)

**Land Use Application**

Check all permits you are applying for in the boxes provided. Submit this application form, the applicable materials listed in the corresponding permit application packet(s) and application fee payment.

<input checked="" type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Binding Site Plan <input type="checkbox"/> Clearing Permit <input checked="" type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Critical Area Permit <input type="checkbox"/> Minor Critical Area Permit <input type="checkbox"/> Design Review <input type="checkbox"/> Grading Permit <input type="checkbox"/> Home Occupation <input type="checkbox"/> Institutional <input type="checkbox"/> Interpretation <input type="checkbox"/> Landmark – Historic Certificate of Alteration <input type="checkbox"/> Legal Lot Determination <input type="checkbox"/> Nonconforming Use Certificate	<input type="checkbox"/> Parking Adjustment Application <input type="checkbox"/> Planned Development <input type="checkbox"/> Rezone <input type="checkbox"/> SEPA <input type="checkbox"/> Shoreline Permit <input type="checkbox"/> Shoreline Exemption <input type="checkbox"/> Subdivision-Short Plat/Lot Line Adjustment <input type="checkbox"/> Subdivision-Preliminary Plat <input type="checkbox"/> Subdivision-Final Plat <input type="checkbox"/> Variance <input type="checkbox"/> Wireless Communication <input type="checkbox"/> Zoning Compliance Letter <input type="checkbox"/> Other: _____	<b>Office Use Only</b> Date Rcvd: _____ Case #: _____ Process Type: _____ Neighborhood: _____ Area Number: _____ Zone: _____ Pre-App. Meeting: _____ Concurrency: _____
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**Project Information**

Project Address 2460 Lakeway Dr. Zip Code 98229  
Tax Assessor Parcel Number (s) 380333014534  
Project Description Construct new garage with ADU above.

**Applicant / Agent**  Primary Contact for Applicant

Name Nicholas C. Brown  
Mailing Address 2460 Lakeway Dr. State WA Zip Code 98229  
City Bellingham Email brownnc@gmail.com  
Phone 360-746-9019

**Owner (s)**  Applicant  Primary Contact for Applicant

Name Nicholas C. Brown & Brenda Beehler  
Mailing Address 2460 Lakeway Dr. State WA Zip Code 98229  
City Bellingham Email brownnc@gmail.com  
Phone 360-746-9019

**Property Owner(s)**

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I grant permission for the City staff and agents to enter onto the subject property at any reasonable time to consider the merits of the application and post public notice. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct.

I also acknowledge that by signing this application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

Signature by Owner/Applicant/Agent [Signature] Date 10/3/2023  
City and State where this application is signed: Bellingham, WA State WA

**Project Data Worksheet:**

1. Zoning Data:  
Neighborhood: Whatcom Falls Subarea: \_\_\_\_\_ Zoning: \_\_\_\_\_

2. ADU Type:
- Attached ADU (A-ADU)
  - Detached ADU (D-ADU)
  - Detached ADU (D-ADU) within/attached to Detached Accessory Building

3. Primary residence is:
- Single Family in a Residential Single zone
  - Single Family in a Residential Multi zone
  - Infill Toolkit housing unit

4. Owner occupancy is required.  Yes  No

The property owner is required to live on site if the ADU is in a residential-single zone. An affidavit of owner occupancy is required to be submitted to PCDD prior to issuance of building permit. Templates are available at the Permit Center or through the [PCDD Permit Portal](#).

5. Floor area of:
- Primary residence: 1,225 sq. ft.
  - ADU: 806 sq. ft.
  - Combined floor area of ADU/accessory bldg.: 1,612 sq. ft.

6. Height of D-ADU: 22'9 1/4"

7. Number of bedrooms (BRs) in the proposed ADU:
- Studio
  - 1-Bedroom
  - 2-Bedrooms
  - \_\_\_\_\_-Bedrooms

8. Open space provided: \_\_\_\_\_ Sq. ft; \_\_\_\_\_ Percent of lot

9. Number of parking spaces provided:
- Primary residence: 2 on site \_\_\_\_\_ on street
  - ADU: \_\_\_\_\_ on site 2 on street
  - None provided. The ADU is located within one-half mile walking distance to a **major transit route**
  - Waiver with minor modification requested.

7. Minor modification(s) requested for ADU? Y / N

- If yes, provide a separate sheet explaining how each requested modification individually satisfies the minor modification criteria in BMC [20.10.036\(B\)\(3\)](#).



THIS MAP IS NOT TO BE USED FOR NAVIGATION

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**Legend**

- buildings
- Docks
- Tax Parcels
- Care Facility
- Hospital
- Schools
- <all other values>
- Schools
  - Colleges/Universities
  - Elementary, Middle, High Schools
  - Private School or Preschool
- Fire Stations
- City Boundary
- Urban Growth Area
- Trails
- Railroads
- ... Fences
- Street
- Interstate
- Airport
- Open Channel Streams
- Parks

**Notes**

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Landscape Plan