



Permit Center

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

Grid of permit checkboxes including: Accessory Dwelling Unit, Binding Site Plan, Clearing Permit, Conditional Use Permit, Critical Area Permit, etc.

Project Information

Project Address 3000 Northwest Avenue Zip Code 98226
Tax Assessor Parcel Number (s) 3802244123990000
Project Description Proposed 2-story 7,256 square foot addition to existing private education facility.

Applicant / Agent

Name J.P. Slagle, Freeland & Associates, Inc.
Mailing Address 2500 Elm Street, Suite 1
City Bellingham State WA Zip Code 98225
Phone (360) 650-1408 Email jpslagle@freelandengineering.com

Owner (s)

Name Franklin Force Foundation
Mailing Address 3000 Northwest Avenue
City Bellingham State WA Zip Code 98225
Phone (360) 733-1750 Email

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 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 J.P. Slagle, Date 11/06/2023
City and State where this application is signed: Bellingham, Washington



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<input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Binding Site Plan <input type="checkbox"/> Clearing Permit <input 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: _____	Office Use Only Date Rcvd: _____ Case #: _____ Process Type: _____ Neighborhood: _____ Area Number: _____ Zone: _____ Pre-App. Meeting: _____ Concurrency: _____
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Project Information

Project Address _____ Zip Code _____

Tax Assessor Parcel Number (s) _____

Project Description _____

Applicant / Agent

Primary Contact for Applicant

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Owner (s)

Applicant

Primary Contact for Applicant

Name _____

Mailing Address _____

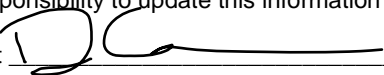
City _____ State _____ Zip Code _____

Phone _____ Email _____

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  _____, Date _____

City and State where this application is signed: _____, _____
City State



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CONDITIONAL USE PERMIT - SUBMITTAL REQUIREMENTS
(PROCESS TYPE III-A)

(PLEASE PRINT CLEARLY OR TYPE IN BLUE OR BLACK INK)

Pre-Application Steps:

- Pre-application conference or waiver, if applicable – see pre-application form
- Pre-application neighborhood meeting or waiver
- Transportation Concurrency Certificate, if applicable

Application Requirements:

- A completed Land Use Application form
- All of the materials and information required by this form
- SEPA Checklist, if applicable
- Application fee payment
- Mailing list and labels for 500 foot radius

Project Data:

Your application will be judged against the following criteria. Please answer these questions thoughtfully and attach additional pages as needed.

1. Address of Subject Property _____
2. Nature of Request (be specific) _____

3. Site area of subject property is _____ square feet
4. Total gross floor area of new construction is _____ square feet
5. Legal Description of Property _____

Explain why the proposed use will:

6. Promote the health, safety and general welfare of the community _____

7. Satisfy the purpose and intent of the land use zone in which it is located _____

8. Not be detrimental to the surrounding neighborhood _____

Explain how the proposed use will:

9. Be harmonizing with the general policies and specific objectives of the Comprehensive Plan
(ask Planning Staff for assistance) _____

10. Enable the continued orderly and reasonable use of adjacent properties by providing a
means for expansion of public roads, utilities, and services _____

11. Be designed so as to be compatible with the essential character of the neighborhood _____

12. Be adequately served by public facilities and utilities including drainage provisions _____

13. Not create excessive vehicular congestion on neighborhood collector or residential access

14. Not create a hazard to life, limb, or property resulting from the proposed use, or by the
structures used therefore, or by the inaccessibility of the property or structures thereon

15. Not create influences substantially detrimental to neighboring uses. "Influences" shall
include, but not necessarily be limited to: noise, odor, smoke, light, electrical interference,
and/or mechanical vibrations _____

16. Not result in the destruction, loss, or damage to any natural, scenic, or historic feature of
major consequence _____
