

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

WAIVER REQUEST FORM FOR NEIGHBORHOOD MEETING OR PRE-APPLICATION CONFERENCE

Check requested waiver:				Office Use Only		
☐ Neighborhood Meeting	☐ Pre-Application Conference			Date Rcvd:		
	_	(Fee is \$107.00)				
			_		:	
Project Address					s Type:	
					orhood:	
Tax Assessor Parcel Number(s):					umber:	
Brief Project Summary						
Explain reason for waiver requ	est:					
Applicant/Agent	☐ Primary Co	ntact for Application				
Name			Phone_			
Address			FAX			
City/State/Zip			Email			
Owner(a)						
Owner(s)	_ ,	entact for Application				
Name						
Address						
City/State/Zip			Email			
Property Owner(s)						
reperty Sumor(s)						
I am the owner of the property describ						
permission for the City staff and agent application and post public notice. I co						
this application and all information sub				v v ası II	ngton that the illionnation on	
• •		\sim			02/21/24	
Signature by Owner/Applicant/Agent _	-hl	() —		Date	<u> </u>	
City and State where this application i	s signed:	Bellingham		_,	WA	
,	City			Sta	ate	