

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.

 Accessory Dwelling Unit Binding Site Plan Clearing Permit Conditional Use Permit Critical Area Permit Minor Critical Area Permit Design Review Grading Permit Home Occupation Institutional Interpretation Landmark – Historic Certificate of Alteration Legal Lot Determination Nonconforming Use Certificate 	 Parking Adjustment Application Planned Development Rezone SEPA Shoreline Permit Shoreline Exemption Subdivision-Short Plat/Lot Line Adjustment Subdivision-Preliminary Plat Subdivision-Final Plat Variance Wireless Communication Zoning Compliance Letter Other: 	Office Use Only Date Rcvd:
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)	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 ____

City and State where this application is signed:

State

Date



CRITICAL AREA PERMIT

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

The intent of the Critical Area Ordinance (Bellingham Municipal Code 16.55) is to designate and classify environmentally sensitive and hazardous areas and to protect, maintain, and restore these areas and their functions and values while also allowing for reasonable use of public and private property. To determine if a proposed activity or area is subject to the ordinance contact the Planning Division staff.

SUBMITTAL CHECKLIST – Your application will not be accepted unless all of the following are submitted:

Pre-Application conference or waiver	Waiver
 Required for applications that inclu 	ude a SEPA checklist (Type II).

Land Use Application form and associated information outlined in the Critical Area Permit Packet
 All requested information must be provided.

- Filing fee
 - Applicable fee as calculated by Planning staff. (See separate Fee Schedule)

List of surrounding property owners (For Type II & Type III-A applications only)
 Complete the attached Names and Mailing Addresses of Surrounding Property Owners for property within 500 feet.

SEPA Environmental checklist

- Submit if required (including any wetland impacts consult Planning Staff)
- Critical Area Report & Maps (*Two 11" x 17" or larger scaled copies and one 8 ½" x 11" reduction*)
 See the attached Critical Area Report and Map Checklist for requirements.

Specific Report See attached NES Memo, reporting requirements are unique for this project.

- The following reports are required depending on the type of critical area(s) impacted:

□ Wetlands and their buffers □ Frequently flooded areas □ Geologically hazardous areas

- □ Fish and wildlife habitat conservation areas (including streams)
- Reports for two or more types of critical areas must meet the report requirements for each relevant type of critical area. (See the specific checklist for report requirements)
- None
 Associated Land Use Applications
 - Consult with Planning staff to determine if other land use permits are required.
 - All Type II applications must be submitted concurrently.

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See NES Beaver Management Memorandum. Project has unique reporting requirements, full delineation is not necessary per discussions with City Staff.

CRITICAL AREA REPORT CHECKLIST

A Critical Area Report is required for all applications (BMC 16.55.210). The report must be prepared by a "qualified professional", as defined in BMC 16.55.510. All reports may require additional information as determined by the Planning Director. The Planning Director may approve a Critical Area Report supplemented by or composed of any previous studies required by other laws and regulations.

At a minimum, the report shall contain the following (BMC 16.55.210 C):

Ľ	The name and contact information of the applicant, a description of the proposal, and identification of the permit requested;
Ľ	\Box Maps and site plans (Nwo 11" x 17" or larger scaled copies and one 8 ½" x 11" reduction)
	- Vicinity map clearly showing the location of the property.
	 Critical areas map showing all critical areas, required buffers, and existing topography based on City or surveyed data.
	 Site plan detailing the development proposal (including stormwater facilities) and the limits of construction. This map should be overlaid on the critical area/topographical map.
	 Topography map showing the location and extent of all grading, cut and fill, and post construction contours.
Ľ	The dates, names, and qualifications of the persons preparing the report and documentation of any fieldwork performed on the site;
Ľ	Identification and characterization of all critical areas, water bodies, and buffers adjacent to the proposed project area;
Ľ	A statement specifying the accuracy of the report, and all assumptions made and relied upon;
Ľ	An assessment of the probable cumulative impacts to critical areas resulting from development of the site and the proposed development;
C	An analysis of site development alternatives including a no development alternative;
Ľ	A description of reasonable efforts made to apply mitigation sequencing pursuant to <i>Mitigation Sequencing</i> [Section 16.55.250] to avoid, minimize, and mitigate impacts to critical areas;
Ľ	Plans for adequate mitigation to offset any impacts, in accordance with <i>Mitigation Plan</i> <i>Requirements</i> (BMC 16.55.260) and additional requirements specified for each critical area.
Γ	A discussion of the performance standards applicable to the critical area and proposed activity;
Ľ	Financial guarantees to ensure compliance; and
Г	Any additional information required for the critical area as specified in the corresponding chapter.





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N/A

MITIGATION REPORT REQUIREMENTS

See each Critical Area section for specific mitigation requirements. When mitigation is required, the applicant shall also submit a mitigation plan, prepared by a "qualified professional", as defined in BMC 16.55. The mitigation plan shall include:

- Detailed summary of the project, including the impacts to the critical area, and the proposed mitigation to compensate for lost functions and values to appear in the beginning of the report.
- Rationale for selecting the mitigation site.
- Complete site characterization of the proposed mitigation site to include parcel size, ownership, soils, vegetation, hydrology, topography, and wildlife.

Goals, objectives, performance standards and dates of completion of the mitigation proposal.

- Report and maps of the critical area to be impacted.
- Monitoring, maintenance, and contingency plan. The monitoring schedule (dates, frequencies and protocols) must be included and a monitoring report submitted accordingly. Monitoring and maintenance shall be required for at least five years unless otherwise stipulated by another government agency.
- ☐ Map of development, with scale, shown in relation to critical area.
- Financial guarantees ("surety") for 150 percent of the total costs to ensure the mitigation plan is fully implemented, including, but not limited to, the required monitoring and maintenance periods.

MAILING LIST INSTRUCTIONS:

As you get ready to prepare your labels keep the following checklist in mind:

- □ The information was acquired from the Assessor's office or database
- Addresses for the following members have been included on the label sheet
 - □ Property Owner □ Applicant / Contact for Proposal □ Bellingham Herald
 - □ All property owners within the required 500' radius (100' for Home Occupation Applications)
 - Applicable Mayor's Neighborhood Advisory Commission Representatives
 Applicable Neighborhood Association Representatives (This information can be found at
 - http://www.cob.org/documents/planning/applications-forms/nbrhd-media-notification-list.pdf
- □ Mailing information has been printed on Avery 5160 labels (see attached example)
- All of the information **completely fits** on a single label
- □ Notarized Address Information Verification form has been completed

NOTE: Errors in mailing labels may result in process delays and re-notice fees.

Obtain Property Ownership Information from the Whatcom County Assessor's Office

- The Assessor's Office is located on the first floor of the Whatcom County Courthouse, 311 Grand Avenue, Bellingham, 360-676-6790.
- Bring enough information to identify all of the property in the project site, such as tax parcel numbers, legal descriptions, address(es) or boundary on a plat map. Assessor's Office staff can help you find the Assessor's map(s) containing the project parcel(s).
- Utilize the Assessor's map to measure the required ownership notice distance (listed on the application) and record the parcel number for each property within <u>or partially within</u> the required distance of 500 feet (100 feet for Home Occupation) from the boundary of the project parcel. If the owner of the project property owns other property within the notice distance but not included in the project site, contact the Planning Division to determine whether the notice radius must be increased.
- Record the property owner's name and mailing address by accessing each parcel number via the computer terminals at the Assessor's Office or through the Internet by accessing the database under "Real Property Search" at <u>www.whatcomcounty.us/assessor/index.jsp</u>. Click on the parcel number in the first data screen to bring up a screen with the owner's full address and zip code. The maps are also available at this site if you wish to check a parcel number.
- If the site is a condominium, include the owner of each unit.

Print addresses on Avery 5160 labels

- Labels <u>must</u> include the address and fit on <u>one Avery 5160 label</u>:
 - Please DO NOT
 - **Repeat names** on the mailing list. If someone is listed as owning more than one property, only list the owner's name and address once on the mailing list.
 - List the tax parcel number on the labels

Address Information Verification form:

Form must be notarized and include a copy of the parcel numbers and property owner's name and mailing address information attached.



Commission # 192659 Comm. Expires May 13, 2025

Address Information Verification

I / We <u>Hi</u> <u>Ays</u>, being duly sworn on oath, hereby certify that I have familiarized myself with the rules and regulations with respect to preparing and filing this application, that the foregoing statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief, and that the list of names and addresses of property owners within 500' of the subject is complete and correct according to the records of the Whatcom Assessor's Office as of <u>February</u> <u>4</u>, 20<u>25</u>. I understand that if this list does not contain accurate information as listed in the Assessor's Office, this application may be successfully challenged and result in the necessity to reapply.

Signatu	re:
Date:	
Signatu	re:
Date:	
STATE OF WASHINGTON)
) SS
COUNTY OF WHATCOM)
SUBSCRIBED AND SWORN	TO BEFORE ME THIS 4th DAY OF February
, 20 <u>_25 .</u>	andra R. Hunley
ANDREA R HEMLEY	Signature of Notary Public:
Notary Public	Andrea A llendon

Anar

Name Printed

My appointment expires