



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.

<input type="checkbox"/> Accessory Dwelling Unit <input type="checkbox"/> Binding Site Plan <input type="checkbox"/> Clearing Permit <input type="checkbox"/> Conditional Use Permit <input checked="" type="checkbox"/> Critical Area Permit <input type="checkbox"/> Minor Critical Area Permit <input checked="" 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 425 Cordata Pkwy Zip Code 98226

Tax Assessor Parcel Number (s) 3802133915240000

Project Description NEW CONSTRUCTION OF A 7000 SQ FT BAKING CENTER FOR WASHINTON TRUST BANK INCLUDING A THREE LANE DRIVE THRU

Applicant / Agent Primary Contact for Applicant

Name RUSSELL WOLFE

Mailing Address 1015 N. CALISPEL, SUITE B

City SPOKANE State WA Zip Code 99201

Phone (509) 455-6999 Email rwolfe@wagarch.com

Owner (s) Applicant Primary Contact for Applicant

Name JAKE MELVILLE

Mailing Address 717 W. SPRAGUE AVE- PO BOX 2127

City SPOKANE State WA Zip Code 99201

Phone (509) 358-3773 Email jmelville@watr.us.com

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 11/24/24

City and State where this application is signed: Spokane WA
City State