



City of Shelton
525 West Cota
Shelton, WA 98584
(360) 426-9731

Fee Received \$ _____
Date Received _____
Application Complete _____
Application Incomplete _____
Received By _____

APPLICATION FOR A LAND USE HEARING BEFORE THE HEARING EXAMINER

ZONE CHANGE _____ CONDITIONAL USE _____ SPECIAL USE _____ VARIANCE _____

The applicant must furnish with the application, the names, addresses, lot, block, plat or tax lot DLC designations of all of the property owners within 300 feet of boundaries of the property for specific land use action requested. Please see the attached checklist for application requirements.

The undersigned petitioners are the: Owner _____ Purchaser _____ Lessee _____ Other _____

(Name) (Address) (Phone Number)

Authorized Representative (If different from above) _____

(Street) (City) (State) (Zip) (Phone Number)

Location of Property for which Land Use change is sought:

Legal Description _____
(Attach separate sheet if necessary.) (Lot) (Block) (Addition)

Assessor's Parcel Number(s) _____

_____ on the _____ side of the
(Street) (Direction)

Street between _____ Street and _____ Street.

Property has a frontage of _____ feet and depth of _____ feet.

REQUEST:

Applicant requests a land use change on the above described property from a _____

zone to a _____ zone or conditional use/variance for _____

(Explain Why Land Use Change Is Requested). (Use additional sheets if required).

All Land Use correspondence will be directed to the applicant's authorized representative if one is indicated above. The applicant may indicate an alternative primary contact through a written request to the City.

I affirm that all answers, statements and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission from the owner to any and all employees and representatives of the City of Shelton and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City, which apply, to this application.

SIGNATURE PRINT NAME DATE