



City of Moxee

255 W Seattle ave, PO Box 249 Moxee, Wa 98936
Phone 509-575-8851 Fax 509-575-8852

GENERAL APPLICATION FORM

For Land Use Actions

CHECK ALL THAT APPLY AND ATTACH THE APPROPRIATE SUPPLEMENTAL FORM(S)

<u>Zoning</u>		<u>Subdivision</u>	<u>Other</u>
<input type="checkbox"/> Level 1 Use	<input type="checkbox"/> Admin. Adjustment	<input type="checkbox"/> Exemption (SSE)	<input type="checkbox"/> Environmental Checklist
<input checked="" type="checkbox"/> Level 2 Use	<input type="checkbox"/> Variance	<input type="checkbox"/> Short Subdivision	<input type="checkbox"/> Appeal __HE __City Council
<input type="checkbox"/> Level 3 Use	<input type="checkbox"/> Non-Conforming Use	<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Critical Areas
<input type="checkbox"/> Rezone	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Amendment	<input type="checkbox"/> Plan/Dev Reg Map Ad
		<input type="checkbox"/> Subdivision Variance	<input type="checkbox"/> Plan/Dev Reg Text Ad
		<input type="checkbox"/> Subdivision (Long Plat)	<input type="checkbox"/> Develop. Agreement
			<input type="checkbox"/> Other _____

SUBJECT PROPERTY INFORMATION

Parcel Number(s): _____ Property Address: _____
 A. _____
 B. _____ Zoning District: _____
 C. _____
 D. _____

Applicant Information: (Please Check Contact Person)

By signing this form, I hereby state as true that all ownership interests of the property have reviewed the proposal as presented in the application materials and support the proposed change(s) in land use.

Property Owner: _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): _____
 Address: _____ State: _____ Zip: _____
 Email: _____
Signature: _____

Agent/Contact Person (If different): _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): _____
 Address: _____ State: _____ Zip: _____
 E-mail: _____
Signature: _____ **Date:** _____

If there are additional property owners, provide an attachment in the same format and with the same declaration

(Staff Use Only)

Date: _____ Receipt #: _____ Reviewed By: _____ Project # _____



City of Moxee

255 W Seattle ave, PO Box 249 Moxee, Wa 98936
Phone 509-575-8851 Fax 509-575-8852

LEVEL 2 LAND USE AND ZONING APPLICATION

INSTRUCTIONS-PLEASE READ FIRST- Please type or print your answers.

Answer all questions completely. If you have any questions about this form or the application process, refer to the accompanying instructions, or call the City of Moxee.

This application consists of four parts, PART I-GENERAL INFORMATION. PART IV is The Zoning Certification on the back of this page. PART II and III contain additional information specific to your proposal and MUST be attached to this page to complete the application. Remember to bring all necessary attachments and the required filing fee when the application is submitted. The City of Moxee cannot accept an application unless it is complete and the filing fee paid.

PART I-GENERAL INFORMATION

1. APPLICANT NAME (Single Contact person): _____

2. APPLICANT'S ADDRESS: _____

_____ PHONE: _____

3. APPLICANTS INTEREST IN THE PROPERTY

Owner Owner/Developer's Representative Contract Purchaser Other

4. PROPERTY OWNER (If other than applicant) _____

5. PROPERTY OWNERS ADDRESS (If other than applicant) _____

_____ PHONE _____

6. ASSESSOR'S PARCEL NUMBER(S) FOR SUBJECT PROPERTY: _____

7. EXISTING ZONING OF SUBJECT PROPERTY: _____

8. ADDRESS OF SUBJECT PROPERTY: _____

9. TYPE OF APPLICATION: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Certificate of Zoning Review for a Level (2) or (3) | <input type="checkbox"/> Use Amendments |
| <input type="checkbox"/> Rezone | <input type="checkbox"/> Appeal |
| <input type="checkbox"/> Non-conforming Situations | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Administrative Adjustment of Standards | <input type="checkbox"/> Master Application |
| <input type="checkbox"/> SEPA Checklist | <input type="checkbox"/> Home Occupation |

PART II - SUPPLEMENTAL APPLICATION AND PART III-REQUIRED ATTACHMENTS

10. SEE ATTACHED SHEETS

PART IV- CERTIFICATION

11. I certify that the information on this application and the required attachments are true and correct to the best of my knowledge.

Applicant Signature

Property Owner (Required)

Date



City of Moxee

255 W Seattle ave, PO Box 249 Moxee, Wa 98936
Phone 509-575-8851 Fax 509-575-8852

APPLICATION FOR: CERTIFICATE OF ZONING REVIEW

LEVEL (2) REVIEW

LEVEL (3) REVIEW

PART II APPLICATION INFORMATION

1. LAND USE TYPE _____

2. LEGAL DESCRIPTION OF SUBJECT PROPERTY: (Attach if lengthy) _____

PART III REQUIRED ATTACHMENTS

3. SITE PLANS REQUIRED

For Level (2) Use

* A General Site Plan (See instruction for General Site Plan)

For Level (3) Use

* A Detailed Site Plan (See Instruction for Detailed Site Plan)

4. A WRITTEN NARRATIVE demonstrating that:

- A. Describe the project in detail including type of business, hours of operation, proposed mitigation, number of lots, method of drainage disposal, number of residential units, number of customers, number of anticipated vehicle trips, proposed sign location, number of parking spaces and timeline of completion. Please provide any other information that may be known about the project to help the administrator better understand the proposal.
- B. The proposal and associated site improvements are compatible with neighboring land uses; and,
- C. The proposal is consistent with the district intent, standard intent, and purpose and intent adopted in the Moxee Urban Area Zoning Ordinance; and
- D. The proposal is consistent with the goals, policies, objectives, and development criteria adopted in the City of Moxee Comprehensive Plan.

5. AN ENVIRONMENTAL CHECKLIST (if required).

6. FEES:

Level 2 Application \$285.00

Environmental Checklist (If Required) \$200.00

Publication Notification costs: To be Determined