

APPLICATION

23204 58th Avenue West
Mountlake Terrace WA 98043
Phone 425-744-6267 Fax 425-778-6421
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Application # _____

CONDITIONAL USE PERMIT

APPLICANT & CONTACT INFORMATION

REQUIRES USE OF LAND USE MASTER CHECKLIST

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Contact Name _____

Phone _____ Fax _____ E-mail _____

➤ **Job Site Address:** _____

➤ Parcel/Tax Account Number (only if no address is available) _____

➤ **Describe proposed use:**

1. PROJECT SITE INFORMATION:

a. Existing Site Zoning: _____

North of site _____

South of site _____

East of site _____

West of site _____

b. Existing Site Comprehensive Policy Plan Designation: _____

North of site _____

South of site _____

East of site _____

West of site _____

c. Present Land Use of Site: _____

North of site _____

South of site _____

East of site _____

West of site _____

d. Adjoining Land Use:
(i.e. vacant, street, single family, commercial)
North of site _____
South of site _____
East of site _____
West of site _____

2. Proposed hours of operation: _____

3. Number of individuals involved (employees, clients, students, members or other users of facility)

4. Estimate of traffic generated, and types of vehicles involved (cars, vans, trucks, semi-trailers, etc.):

5. Anticipated age group of users: _____

6. Sign sizes and location (also shown on Plot Plan):

7. OWNER RENTER/LESSOR

8. Respond to each of the following questions (A-F) using separate sheets as necessary. These questions constitute the formal decision-making criteria as provided in MTMC 19.110.200(D).

**CONDITIONAL USE PERMIT
SUPPLEMENTAL QUESTIONNAIRE**

a. Please describe how the proposal complies with the goals and policies of the Comprehensive Policy Plan.

b. How will the proposal not be materially injurious or detrimental to the immediate vicinity or the community in terms of causing a probable negative transition of use or loss of fundamental character?

- c. Describe how the proposed use will not endanger the public health, safety, and general welfare of the community.

- d. How does the proposal comply with all the requirements of the zone classification which it is located and general provisions of this ordinance?

- e. Please describe how the proposal will be served by existing public facilities as may be necessary. This standard may be met if the applicant pays the cost of or installs any additional facilities needed.

- f. Please suggest any conditions that may mitigate significant adverse impacts associated with the proposal. For example, special hoods or shields to prevent glare onto neighboring properties from the exterior lighting, or limiting the hours of operation to avoid disturbance to neighbors.

➤ **Signed:** APPLICANT _____ **Date:** _____

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OFFICE USE ONLY

Received by: _____ **Date:** _____ **Fee: \$** _____

Receipt Number: _____

CONTRACTOR / OWNER INFORMATION

It is the responsibility of the applicant to ensure that all applicable codes and ordinances are complied with and that all contractors and subcontractors are licensed to do work in the State of Washington and the City of Mountlake Terrace.

PLEASE INSERT INFORMATION FOR ALL CONTRACTORS AND CONSULTANTS, AS APPLICABLE

<u>OWNER</u>	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph:	_____ Fax _____
E-mail	_____

<u>CONTRACTOR</u>	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph:	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____

ELECTRICAL / MECHANICAL / PLUMBING (Circle appropriate contractor)	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____

ENGINEER	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____

ARCHITECT	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____

OTHER	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____
State Lic. #	_____
City Lic. #	_____