



**LAND USE APPLICATION**  
**CITY OF UNION GAP, DEPARTMENT OF COMMUNITY DEVELOPMENT**  
**3106 SOUTH 1<sup>ST</sup> STREET, UNION GAP, WASHINGTON 98903**  
**VOICE: (509) 575-3638 FAX: (509) 248-6494**

**INSTRUCTIONS – PLEASE READ FIRST Please type or print your answers clearly.**

Answer all questions completely. If you have any questions about this form or the application process, please ask a Planner. Remember to bring all necessary attachments and the required filing fee when the application is submitted. Community Development cannot accept an application unless it is complete and the filing fee paid. Filing fees are not refundable. This application consists of four parts. PART I - GENERAL INFORMATION AND PART IV – CERTIFICATION are on this page. PART II and III contain additional information specific to your proposal and MUST be attached to this page to complete the application.

**PART I – GENERAL INFORMATION**

1. Applicant's Name, Address, And Phone Number	Name							
	Street							
	City		ST		Zip		Phone	
2. Applicant's Property Interest	Check One	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent	<input type="checkbox"/> Purchaser	<input type="checkbox"/> Other _____			
3. Property Owner's Name, Address, And Phone Number (If Other Than Applicant)	Name							
	Street							
	City		ST		Zip		Phone	

4. Subject Property's Assessor's Parcel Number(s):

5. Legal Description of Property. (if lengthy, please attach it on a separate document)

6. Property's Existing Zoning:  
 R-1  R-2  R-3  R-4  C-1  C-2  CBD  W/W  L-I  PbF  PrC  PkO

7. Property Address:

8. Type Of Application: (Check All That Apply)

<input type="checkbox"/> Administrative Adjustment	<input type="checkbox"/> Environmental Checklist (SEPA)	<input type="checkbox"/> Easement Release
<input type="checkbox"/> Class (2) Review	<input type="checkbox"/> Right-of-Way Vacation	<input type="checkbox"/> Rezone
<input type="checkbox"/> Class (3) Review	<input type="checkbox"/> Transportation Concurrency	<input type="checkbox"/> Shoreline
<input type="checkbox"/> Short Plat	<input type="checkbox"/> Non-Conforming Structure/Use	<input type="checkbox"/> Critical Areas
<input type="checkbox"/> Long Plat	<input type="checkbox"/> Type 3 Modification	<input type="checkbox"/> Variance
<input type="checkbox"/> Admin. Modification	<input type="checkbox"/> Interpretation by Hearing Examiner	<input type="checkbox"/> Amended Plat
<input type="checkbox"/> Appeal	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Binding Site Plan
<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Comp Plan Amendment	<input type="checkbox"/> Planned Development
<input type="checkbox"/> Short Plat Exemption: _____ <input type="checkbox"/> Other: _____		

**PART II – SUPPLEMENTAL APPLICATION & PART III – REQUIRED ATTACHMENTS**

9. SEE ATTACHED SHEETS

**PART IV – CERTIFICATION**

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

\_\_\_\_\_  
PROPERTY OWNERS SIGNATURE \_\_\_\_\_  
DATE

FOR ADMINISTRATIVE USE ONLY **Revised 09-12**

Notes: \_\_\_\_\_ FILE # \_\_\_\_\_

DATE FEE PAID	RECEIVED BY	Amount	Receipt No.	Hearing Date