

OFFICIAL USE ONLY

Fee _____

Date _____ Received _____

By _____

File No. _____

CITY OF WESTPORT

PO BOX 505
WESTPORT, WA 98595
360-268-0835

APPLICATION FOR CONDITIONAL USE PERMIT

FEE: \$288.00 + Hearings Examiner Fees
(In addition, any professional service charges per Ord. #1285)

A special use permit is an approval of a land use having slightly greater or unique impacts compared to those of the uses permitted as a matter of right by city zoning. Site plan review is a process for reviewing the design of certain types of development. Site plan approval is required for all special uses. A Conditional Use request requires a hearing before the Hearings Examiner.

NAME OF PROJECT _____

APPLICANT _____

Mailing Address _____
City, State and Zip _____
Telephone _____

OWNER _____

Mailing Address _____
City, State and Zip _____
Telephone _____

ENGINEER/ARCHITECT/OTHER _____

Mailing Address _____
City, State and Zip _____
Telephone _____

SUMMARY OF REQUEST _____

PROPERTY DESCRIPTION

General Location _____

Site Address _____ Land Area (acres) _____

Section _____ Township _____ Range _____

Assessor's Tax Parcel Number _____

Full legal description of subject property (attach separate sheet if necessary) _____

**PLEASE ANSWER THE FOLLOWING QUESTIONS
ATTACH EXTRA PAGES IF NECESSARY**

1. Does the design minimize conflicts with neighboring land uses: Explain. _____

2. Is the site within 300 feet of any "critical areas" such as wetlands or streams? _____

3. What provisions will be made for storm water and/or flood control? _____

4. What provisions will be made for water supply and sewage disposal? _____

5. What provisions will be made for electrical power, natural gas, telephone and other utilities?

6. What provisions will be made for streets, access, and/or buses? _____

7. What provisions, if any, will be made for open space and/or recreation? _____

8. What provisions will be made for schools and school children? _____

I affirm that all answers, statements and information above and submitted with this application are complete 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 Westport, 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.

Signed _____ Date _____

ADJACENT PROPERTY OWNERS LIST

PROJECT: _____

**Please submit an adjacent property owners mailing list.
Include all property owners within 300 feet of subject parcel.**

Addresses are to be obtained from:

**Office of Grays Harbor County Assessor
100 W. Broadway
Montesano, WA 98563
Phone: 360-249-4121**

*****Please be sure to also include the mailing information for the:
OWNER, APPLICANT, ENGINEER/ARCHITECT & REPRESENTATIVE.**

SEE EXAMPLE BELOW

SAMPLE Joe Jones PO Box 1900 Westport, WA 98595
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