

CONDITIONAL USE OR ADMINISTRATIVE CONDITIONAL USE PERMIT APPLICATION

STEVENS COUNTY LAND SERVICES—PLANNING DIVISION

Street Address: 260 S. Oak—Courthouse Annex, Colville, WA
 Mailing Address: 215 S. Oak—Courthouse Annex, Colville, WA 99114
 Phone: 509-684-2401 Fax: 509-684-7525
www.co.stevens.wa.us/LandServices/index.php

FOR OFFICE USE ONLY	
File Number:	_____
Receipt:	_____
Date Received:	_____

(Type 2 Application)

Application Submittal Checklist:

- Application Fee – Conditional Use Permit: \$600.00**
- Administrative Conditional Use Permit: \$400.00**

Please make check payable to Stevens County Land Services.

- Two copies of the proposed site plan**, drawn to a scale large enough to clearly portray all of the detail. The site plan shall show the following:
 1. The size and dimensions of the property.
 2. Existing and proposed structures and distances to all property lines.
 3. Existing and proposed sewage disposal systems.
 4. Existing wells and water lines.
 5. Any surface water, such as lakes, ponds, streams or wetlands.
 6. The topography and physical characteristics of the lot, including slopes, drainage and elevation.
 7. The location of structures on adjoining properties.
 8. North arrow and scale of map.
- Supplemental information (if any)**
 1. Photographs of property area or structure for which conditional use is requested
 2. Other _____
- Completed application form
- Completed **Environmental Checklist (unless exempt - Additional fee: \$150.00)**

APPLICANT SIGNATURES

This application is subject to all additions to and changes in the laws, regulations and ordinances applicable to the project until a Determination of Completeness is issued pursuant to SCC 3.30.110. I/We certify that the information contained on this application is true, complete and accurate to the best of my/our knowledge. I/We understand that information will be used by Stevens County for the purpose of determining whether this proposal meets the Decision Criteria specified in SCC 3.20.010. I/We hereby grant to Stevens County, the right to enter the above described location to inspect the proposed work.

Signature of: (Circle one) Property Owner

Primary Contact/Agent*

***NOTE: As per SCC 3.30.100, Property owner is required to sign the application if the Agent does not have written proof of authorization.**

CONDITIONAL USE OR ADMINISTRATIVE CONDITIONAL USE

CONTACT INFORMATION

Primary Contact: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

Property Owner(s): _____

Mailing Address: _____

City: _____ State _____ Zip _____

Day Time Phone: _____ Fax: _____

Email Address: _____

PROPERTY LEGAL DESCRIPTION

Tax Parcel Number(s): _____

Legal Description

Sec. _____ Twp. _____ Rge. _____

Or Name of Subdivision: _____ Lot _____ Block _____

Site Address/City _____

PROJECT DESCRIPTION

What is the existing use of the property?

Proposed use of the property and other information that describes your Conditional Use or Administrative Conditional Use Permit request

REVIEW CRITERIA

The County will consider the criteria listed in SCC 3.20.010 in reviewing applications for conditional use permits (either Administrative or by the Hearing Examiner) and shall approve an application if the applicant demonstrates that all of the criteria are met.

The questions listed below are designed to identify your project's compliance with the criteria, so please provide complete information to support your request.

Sec. 3.20.010 (A) Decision Criteria for Conditional Use Permits & Administrative Conditional Use Permits.

1. How is the proposal consistent with the goals and policies of the Comprehensive Plan and Subarea Plan (where applicable)?

2. How would you propose to reasonably mitigate any environmental impacts associated with the use?

3. How is the project designed to be compatible with the character of existing development in the vicinity of the subject property?

4. Would granting the Conditional Use Permit or Administrative Conditional Use Permit be in conflict with the health or safety of the community? Please explain.

5. What services and facilities will be needed for your conditional use project to operate? Are they available to the property? Are there any services/facilities that you will need to fund or provide?