

REQUEST TO LIFT NOTICE OF MORATORIUM NON-FORESTRY USE OF LAND 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: \$500.00** Please make check payable to Stevens County Land Services. *A recording fee will be requested after application processing. Recording fees range between \$40.00-\$45.00 and will be payable to Stevens County Auditor.*
- Completed Environmental Checklist for SEPA review. (Additional fee - See Fee Schedule)**
- One copy of the proposed site plan**, on minimum size paper 8-1/2 x 11", 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, setback of proposed structures to existing structures and distances to property lines.
 3. Existing and proposed sewage disposal systems and distance to property lines.
 4. Existing wells and water lines and distances to property lines.
 5. Any surface water, such as lakes, ponds, streams or wetlands and distances to structures.
 6. The topography and physical characteristics of the lot, including slopes, drainage and elevation.
 7. North arrow and scale of map.
- A copy of recorded ownership document (deed or contract)**
- Completed application form**

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 planning requirements. I/We hereby grant to Stevens County, the right to enter the above described location to inspect the proposed work.

Signature of ALL Property Owners

 Name Date

 Name Date

 Name Date

 Name Date

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?

Reason for requesting *LIFT*. Please describe all future development plans. *(Additional information may be addressed in the SEPA environmental checklist.)*

MORATORIUM INFORMATION

Date Moratorium was recorded: _____

In Volume _____ Page _____ Auditor's File Number _____

Dept. of Natural Resources Forest Practices Application Number: _____

Approved on: _____