



**ZONING VARIANCE
 APPLICATION**

Date Stamp

APPLICATION No. _____

Applicants shall be charged a **\$400.00** non-refundable fee for each zoning variance at the time of application. All zoning variance applications must be accompanied by two (2) copies of a scaled site plan on plans no smaller than 8.5"x11" showing lot lines, existing conditions, and proposed new construction. Additionally, each application must thoroughly and completely address the approval criteria found in section 17.60.050 of the Sedro-Woolley Municipal Code (SWMC). Failure to address all three criteria will result in the application being rejected.

THIS PAGE TO BE COMPLETED BY CITY STAFF AT THE TIME OF APPLICATION

Received	Required Submittal
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- 1 Completed application signed by applicant.

- 2 Two copies (2): Scaled site plan showing lot lines, existing conditions and proposed new construction.

- 3 Legal description of the property and/or properties;

- 4 Three (3) sets of postage-paid, addressed envelopes and a signed affidavit of correct names and addresses. See attached Mailing Procedures.

- 5 Zoning Variance Fee(s) Paid.

Application Accepted? YES / NO City Official _____ Date: _____

If not accepted, list corrections required for approval:

Correction Description	Correction approved	Date Received

ZONING VARIANCE APPLICATION

SECTION I - APPLICANT INFORMATION

Fill out completely. Attach legal descriptions and supporting documents as necessary. Please be sure to complete sections I - IV. Failure to complete all sections will result in an incomplete application and will not be accepted by City staff.

Applicant: _____

Organization: _____

Primary Contact: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Telephone: () _____ **Cell Phone:** () _____ **Fax:** () _____

OWNER INFORMATION

(If Different from Applicant)

Owner Name: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____ **Email:** _____

Telephone: () _____ **Cell Phone:** () _____ **Fax:** () _____

SECTION II - PROPERTY INFORMATION

Site Address: _____

Parcel Number(s): _____

ZONING DISTRICT (Please Refer to City Zoning Ordinance Title 17 for zoning information.)

Zoning District (circle one) : R-5 R-7 R-15 MC CBD I OS P			
Minimum lot size:		Lot width at building line:	
Front Setback:		Lot width at public street:	
Side Setback:		Maximum building height:	
Rear Setback:		Maximum lot coverage:	

DESCRIBE THE CURRENT USE OF THE PROPERTY:

SECTION III – ZONING VARIANCE INFORMATION - COMPLETE ALL SECTIONS

The Hearing Body will use the following criteria for evaluation when making a zoning variance determination on variance request from the lot size requirements, screening provisions, and any of the provisions found in SWMC Chapters 17.36 through 17.48 (SWMC 17.60.010 & 17.060.050). Please fill out all sections completely and thoroughly and attach any documents supporting your request.

DESCRIPTION OF PROPOSED VARIANCE (attach additional sheets as necessary):

17.60.050 (A) WILL THERE BE A DETRIMENT TO NEIGHBORS OR THE PUBLIC IN GENERAL IF THE VARIANCE IS GRANTED? (Describe how the zoning variance will not be a detriment your neighbors or the general public. Attach letters of support from neighbors or other supporting documents if possible. Add additional sheets as necessary)

17.60.050 (B) SPECIAL CIRCUMSTANCES EXIST WHICH ARE NOT COMMON TO OTHER SIMILARLY RESTRICTED PROPERTIES.

You must document that the reason for the regulation from which relief is requested is unnecessary because special circumstances exist here which are not common to other similarly restricted properties (these circumstances may include physical features of the subject property, nature of surrounding improvements and uses, or proposed designed elements that will meet the same purpose as the regulation from which relief is requested (Attach additional sheets as necessary)

17.60.050 (C) DESCRIBE HOW THE ABOVE SPECIAL CIRCUMSTANCES ARE SUFFICIENTLY UNIQUE THAT THE CUMULATIVE EFFECT OF SUCH VARIANCES WILL NOT UNDERMINE THE PURPOSE AND INTENT OF THIS CITY'S ZONING CODE (Attach additional sheets as necessary).

SECTION IV - SIGNATURE

Complete for this application. Failure to complete will result in an incomplete application

Application is hereby made for a **ZONING VARIANCE** for an exception from the lot size requirements, screening provisions, and any of the provisions found in SWMC Chapters 17.36 through 17.48 and **NOT** for any other City regulation concerning the above stated activity. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the officials of the City of Sedro-Woolley the right to enter the above-described location to inspect the proposed or completed work.

Date: _____

Signature of Applicant or Designated Agent (REQUIRED)

City of Sedro-Woolley Mailing Procedure

1. Obtain a list of names and addresses of **residents and property owners** within 500 feet of the exterior edges of the subject property. In determining the outside edge, include all other adjacent property owned by the applicant. The source of the names and addresses must be the Skagit County Assessor's records.
2. Obtain a map showing the subject property, the 500-foot radius, and all properties on the mailing list and their parcel numbers. This is available on the Skagit County iMap.
3. Prepare 3 sets of postage-paid envelopes including addresses for the property owners and residents using these lists. Please use standard envelopes with no "peel and seal" features. Include the following return address on the envelopes:
*City of Sedro-Woolley Planning Dept.
325 Metcalf Street
Sedro-Woolley, WA 98284*
4. Prepare additional envelopes for residents of the property if the owner does not live on site. If the name of the resident is unknown, address the envelope to "resident".
Example: Resident, 123 State St., Sedro-Woolley, WA. 98284.
5. Fill out the bolded portion of the affidavit below and have it notarized.
6. Bring the list, postage-paid addressed envelopes, map, and notarized affidavit to the city Planning Department.

AFFIDAVIT OF CORRECT NAMES AND ADDRESSES

I, _____, do hereby certify
Affiant

That the attached list of property owners, addresses and parcel numbers for the proposed project, _____,

Name of proposed project

Is a true and correct copy provided for me by the Skagit County Assessor's Office for land within 500 feet of the property lines of P _____.

Site parcel number(s)

Signed: _____

Date: _____

On this date personally appeared before me _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN Under My Hand and Official Seal this _____ day of _____, 20____.

Notary Public in and for the State of
Washington, residing at _____
My Commission Expires: _____
Print Name: _____