



Planning Department  
Sedro-Woolley Municipal Building  
325 Metcalf Street  
Sedro-Woolley, WA 98284  
Phone (360)855-0771  
Fax (360) 855-0733

# ZONING COMPLIANCE APPLICATION

Fill out the Zoning Compliance Application request form to receive written information from the Planning Department to confirm a development's zoning compliance status. Planning staff will reply in writing, based on the available information on record. The reply will be sent to the contact person listed below. The Zoning Compliance **application fee is \$150.**

**APPLICATION NUMBER:** \_\_\_\_\_

## SECTION I – APPLICANT INFORMATION

### Person requesting the letter:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Person to whom the letter should be sent (if different than person requesting):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Current property owner:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SECTION II – PROJECT INFORMATION**

PROPERTY ADDRESS: \_\_\_\_\_

SKAGIT COUNTY ASSESSOR'S PARCEL #: \_\_\_\_\_

**SECTION III – REQUIRED MATERIALS**

Please select one of the following two options:

- A separate letter including the requested information is attached.
- or
- List the information requested is identified here: \_\_\_\_\_

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**SECTION IV - SIGNATURE**

Application is hereby made for a Zoning Certification Request. 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 legal authority to undertake the proposed activities and I hereby grant to the officials of the City of Sedro-Woolley the right to enter the above described property to inspect the property as part of the project review process.

\_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Applicant or Designated Agent (REQUIRED)**