



PLANNING & PERMIT CENTER

Phone: (360) 755-9717

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Land Use Permit Application

Application Type *(check all that apply)*

- Plan Review
- Conditional Use Permit
- Boundary Line Adjustment
- Temporary Use Permit
- Sign Permit
- Preliminary Land Division
- Final Land Division
- Address Assignment
- SEPA Review

Permit Number(s):

- Grading/Site Development Permit
- Critical Areas Review
- Flood Development Permit
- Variance
- Shoreline Permit
- Accessory Dwelling Unit
- Zoning Map Amendment
- Zoning Text Amendment

Property Information

Address		
Parcel Number(s)		
Public Sewer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Public Water: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lot/Site Area

Contacts

Applicant

Name	Company
Address	
Phone	Email
Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Owner

Name	Company
Address	
Phone	Email
Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

CITY OF BURLINGTON – LAND USE PERMIT APPLICATION

Project Information

Project description:	
Is a new building being constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Footprint (sq. ft.): _____ Total floor area (sq. ft.): _____
Does this project involve an addition to an existing building? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Existing floor area (sq. ft.): _____ Proposed floor area (sq. ft.): _____
Is a building, or a portion of a building, being demolished? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Footprint of demo (sq. ft.): _____

Signature and Authorization

I certify under penalty of perjury that I am the owner or authorized agent of the property subject to this application and the information furnished by me is true and correct to the best of my knowledge. I certify that all laws and regulatory requirements applicable to the work authorized by the permit shall be met. I grant permission for City staff and the City’s authorized agents to enter property and areas covered by this permit for the sole purpose of inspecting work completed under this permit application and enforcing provisions related to the issuance or approval of the permit. I understand that this is an application, not an authorization or approval.	
_____ Owner or authorized agent	_____ Date

Staff Information

Date received:	Date complete:	Date Issued or closed:
Permit number:	Related permit numbers:	
SEPA exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exemption reason:	
FDP required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exemption reason:	
BSA required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exemption reason:	
Zone:	Comprehensive Plan Designation:	Special Planning Area: