



File No: _____

CITY OF CHELAN

DEPARTMENT OF COMMUNITY DEVELOPMENT
135 E JOHNSON AVENUE, CHELAN WA 98816
TELEPHONE: (509) 682-8017 FAX: (509) 682-8050

CONDITIONAL USE PERMIT APPLICATION

Parcel Number (APN): _____ Lot Size: _____ (Acres)

Parcel Address: _____ City/Zip: _____

Abbreviated Legal Description: _____

Property Owner(s): _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

Applicant (if different from owner): _____ Company Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Type of Request:

- ☐ Hearing Examiner Request
- ☐ New Application
- ☐ Amendment / Original CUP file #: _____
- ☐ Administrative Request (per CMC 17.56.020(B))

Description of proposed use of property (additional detail to be provided in separate narrative):

List any changes to the property necessary for this use: _____

Zoning District: _____

Adjacent land uses:

Submittal Requirements:

The CUP application will be accepted upon receipt of the following required submittal items. Additional information may be requested by staff if determined necessary for the proposed request.

- ☐ Complete Application form
- ☐ Narrative of proposal
- ☐ Responses to applicable code criteria
- ☐ Site Plan meeting the requirement outlined below
- ☐ Ownership certification
- ☐ Critical Areas Checklist
- ☐ SEPA Checklist, if applicable
- ☐ Studies & Reports, if applicable
- ☐ Application fee(s) per the City of Chelan's current Rate & Fee Schedule

Site Plan Checklist:

The following information must be included on a site plan accompanying this application to facilitate the review and consideration of your application. The plan shall include the following:

- ☐ Property dimensions and parcel size
- ☐ North arrow, scale (engineer or architect)
- ☐ Building setbacks from property lines easements, critical areas, etc.
- ☐ Existing and proposed roads/streets, driveways walkways, vehicle maneuvering areas, etc.
- ☐ Existing and proposed parking areas (identify stalls and dimensions)
- ☐ Topographic features
- ☐ Existing and proposed landscaping, screening and/or fencing
- ☐ Water bodies and/or wetland areas (including seasonal streams/drainages, irrigation canals, floodplain, etc.)
- ☐ Type of existing and/or proposed outdoor lighting
- ☐ Drainage facilities (drains, catch basins, detention ponds, ditches, etc.)
- ☐ Existing and proposed septic tanks, drainfields, wells and fire hydrants
- ☐ Existing and propose utilities and utility easements
- ☐ Signs (existing and/or proposed) including design, size, type of lighting, number, and location on property

Acknowledgement

- The information, plans, maps, and other materials submitted with this application are, to the best of my/our knowledge, a true and accurate representation of this proposal.
- The City of Chelan does not guarantee success of this permit application, or approval by the Hearing Examiner
- All persons executing this acknowledgement shall be personally liable and hereby personally guarantee payment of all fees, expenses and costs required by this application.
- If the property owner(s)/Applicant fail to respond to the Department's request for additional information, orally, or in writing within the designated time frame, further processing shall be suspended or postponed.

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the answers included in this application are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Owner Signature: _____ Applicant Signature: _____

Print Name: _____ Print Name: _____

Place: _____ Date: _____ Place: _____ Date: _____

**CITY OF CHELAN
CRITICAL AREAS REVIEW CHECKLIST**

Completion of this environmental review checklist shall be required prior to any development or other alteration in or within 250' (two hundred and fifty feet) of any known or potential Critical Area in the City of Chelan or its UGA. An application submitted for any use or activity requiring a permit shall not be considered complete until this form has been completed, signed and placed in the project file. This checklist is not a substitute for an Environmental Checklist required under SEPA.

GENERAL INFORMATION—to be completed by the applicant when this checklist is submitted

Applicant		
Name:		
<input type="checkbox"/> Landowner <input type="checkbox"/> Owner's agent. If agent, landowner's name:		
Address:		
City:	State:	ZIP:
Phone:	FAX:	Email:
Site		
Address:		
Parcel Number(s):		
Zoning District:		

Brief description of project:

Please attach any information that will assist the City in its preliminary evaluation of the proposed alteration.

I hereby certify that I will pay all fees, if any, as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Applicant Signature _____ Date Submitted: _____

Print Name _____

Place Where Signed: _____, WA

FOR OFFICIAL USE ONLY

FINDINGS AND STUDY REQUIREMENTS—to be completed by the Administrator based on his or her preliminary evaluation

Administrator's findings based on Preliminary Evaluation:

- ☐ (A) The proposed alteration is not located in or in such proximity to a Critical Area defined by Chapter 14.10 that it poses a threat to proposed development or to the health or safety of humans or the environment of the subject property or adjacent properties. No further study is required at this time.
- ☐ (B) The proposed alteration is in or adjacent to a Critical Area and is exempt from the requirements of the Critical Area Ordinance (Chapter 14.10). Nature of Exemption and code section:

- ☐ (C) The proposed alteration is located in or adjacent to, or includes project actions that may affect, one or more Critical Areas, as indicated below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Wetland | <input type="checkbox"/> Critical Aquifer Recharge Area | <input type="checkbox"/> Fish and Wildlife Habitat Conservation Area |
| <input type="checkbox"/> Geologically Hazardous Area | <input type="checkbox"/> Frequently Flooded Area | |

Information source(s) used by the Administrator in his or her preliminary evaluation:

- | | | |
|---|--|---|
| <input type="checkbox"/> City of Chelan generalized Critical Areas map | <input type="checkbox"/> Wetland map based on the NWI | <input type="checkbox"/> SWAP map |
| <input type="checkbox"/> PHS Maps or other maps based on current PHS data | <input type="checkbox"/> <i>The Flood Insurance Study for the City of Chelan</i> | <input type="checkbox"/> <i>Chelan County Soil Survey</i> |
| <input type="checkbox"/> <i>Seismic Design Category Map for Residential Construction in Washington, Sheet 2</i> | | |
| <input type="checkbox"/> Other | | |

The Administrator requires that the following information be provided:

- ☐ Critical area study for Wetlands
- ☐ Wetland identification and delineation
- ☐ Critical area study for Critical Aquifer Recharge Areas
- ☐ Hydrogeologic evaluation (required as part of Critical Area Study if the applicant is requesting that the City declassify or reclassify a specific area designated as a Critical Aquifer Recharge Area)
- ☐ Critical area study for Fish and Wildlife Habitat Conservation Areas
- ☐ Critical area study for Geologically Hazardous Areas

Note: no Critical Area Study is required for Frequently Flooded Areas; however, all development in such areas requires compliance with the City's Flood Hazard Areas provisions (Chapter 15.10, CMC)

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CHECKLIST DOCUMENTATION—to be completed by the Administrator and signed by the Administrator and the applicant when all required information has been submitted and any permit conditions have been determined.

- ☐ Documentation of preliminary evaluation is attached
- ☐ Documentation of Administrator's findings supporting any exemption, exception, or waiver is attached
- ☐ Any required information (e.g., Critical Area Study) is attached
- ☐ Any permit conditions, including but not limited to requirements for mitigation, monitoring and reporting, or buffers, are attached

For the City of Chelan:

The attached information, including any required Critical Area Study, Administrative findings, and permit conditions, satisfies the intent of Chapter 14.10 related to the protection of Critical Areas, public and private property, and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____

Owner/Applicant: The information provided is the best information available concerning the location of Critical Areas as defined by Chapter 14.10. The proposed alteration and the mitigation proposed will, to the greatest extent possible, protect Critical Areas, public and private property and the public health, safety, and welfare.

Name: _____ Date: _____

Title: _____

OWNERSHIP CERTIFICATION

I, _____, hereby certify that I am the major property owner(s) or officer of the corporation owning the property described in the attached application. I also hereby certify under penalty of perjury under the laws of the State of Washington that this application and that the statements, answers, and information are in all respects true and correct to the best of my knowledge and belief. I have also familiarized myself with the rules and regulations of the City of Chelan

Property Address: _____ Project Desc.: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Signature: _____

Date: _____

For: _____
(Corporation or company name)

Parcel No.: _____

ACKNOWLEDGMENT

State of Washington)

)

County of Chelan)

On this day personally appeared before me _____ to be known to be the individual described in and who executed the within and foregoing instrument and acknowledge to me that (*he, she, they*) signed as the _____ of _____, as the free and voluntary act and deed for the uses and purposes therein mentioned.
(Title)
(Corp. or company name)

NOTARY PUBLIC in and for the State of Washington

Printed Name: _____

Commission Expires: _____

Residing in: _____

Date: _____

Other property owners included in this application must be listed below: (attach additional sheet if necessary)

Name: _____ Signature: _____

Address: _____ City/State: _____ Zip: _____