

Permit No#



CITY OF SELAH

Planning Department • 222 South Rushmore RD. • Selah, WA 98942 • Ph: (509) 698-7365 • www.selahwa.gov

ADMINISTRATIVE ADJUSTMENT APPLICATION

Assigned File No. _____

APPLICATION REQUIREMENTS (print or type information)

Date Submitted/Received By: _____

- Non-Refundable Application Fee \$330.00
- Site Plan (one copy, B&W, drawn to scale, max. size 11" x17")

THE APPLICATION AND REQUIRED SUBMITTALS MUST BE COMPLETED AND SUBMITTED BEFORE THE APPLICATION IS ACCEPTED AS COMPLETE BY THE CITY.

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

Signature

TELEPHONE: (work) _____ (home) _____

NAME OF LEGAL PROPERTY OWNER: _____
(If different from applicant)

ADDRESS: _____

Signature

TELEPHONE: (work) _____ (home) _____

Tax Parcel # _____ Legal description of property: _____

Zoning Classification: _____

Comprehensive plan designation: _____

Summary of proposed Use:

(Attach additional sheets if necessary to describe or explain the proposed Administrative Adjustment Use Application)

Please

FOR ADMINISTRATIVE USE ONLY

Date Application Accepted as Complete: _____
(statute allows for 28-day application review)

Date of Planning Commission Hearing: _____

Date of Council Consideration: _____

Date of Appeal (if any): _____
(if known at time of application acceptance)

Mailing Date to Adjacent Property Owners: _____

Legal Notice Publication Date: _____