



CITY OF OTHELLO
 BUILDING & PLANNING DEPARTMENT
 500 E MAIN STREET, OTHELLO, WA99344
 Planning Dept. 509.488.3302 City Hall 509.488.5686
 WWW.OTHELLOWA.GOV

Received By: _____

LAND USE APPLICATION

SECTION 1: Property Location

Property Address: _____ Parcel #: _____

Legal Description (Lot#/Block#/Plat): _____

Property Existing Zoning: R-1 R-2 R-3 R-4 R-M S-1 C-1 C-B C-2 C-3 I-1 I-2

SECTION 2: Property Owner (holds more than 50% ownership)	Section 3: Authorized Representative (to whom all official correspondence will be sent)
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Name: _____ Mailing Address: _____ City/State/Zip: _____ Phone Number: _____ Fax Number: _____ Email: _____ Signature: _____ Date: _____	Name: _____ Company: _____ Mailing Address: _____ City/State/Zip: _____ Phone Number: _____ Fax Number: _____ Email: _____
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SECTION 4: Applicant

Name: _____	Phone Number: _____
Mailing Address: _____	Fax Number: _____
City/State/Zip: _____	Email: _____

I (print) _____ herby affirm and certify, under penalty of perjury, that I am, or represent, the legal owner (s) of the property described on this application and that these statements are in all respects true and correct to the best of my knowledge.

_____ Signature _____ Date

SECTION 5: Summary of Request

SECTION 5: Application Fees ***OTHER FEES INCURED WILL BE INVOICED TO THE APPLICANT/DEVELOPER AND MUST BE PAID BEFORE PROJECT IS APPROVED***

<input type="checkbox"/> Annexation.....\$200	<input type="checkbox"/> Lot Line Adjustment.....\$0	<input type="checkbox"/> Subdivision of 4 or Less Lots.....\$500
<input type="checkbox"/> Building on Unplatted Land \$0	<input type="checkbox"/> Rezone or Text Change.....\$0	<input type="checkbox"/> Subdivision (16.17.030.a.9).....\$500 (+\$50 per lot)
<input type="checkbox"/> Insufficiently Platted Land..\$0	<input type="checkbox"/> SEPA Checklist (13.04.030.C.3) \$200	<input type="checkbox"/> Zoning Variance.....\$1000
<input type="checkbox"/> Land Use Sign.....\$20	<input type="checkbox"/> Reimbursement Agreement..\$1,500	<input type="checkbox"/> Other _____ \$ _____