CONDITIONAL USE PERMIT
Checklist

University Place
WASHINGTON

3609 Market Place W, Suite 200
University Place, WA 98466-4488
PH: 253.566.5656

This is a checklist of materials required for a Conditional Use Permit. This checklist is provided to assist you in submitting a complete application. If you have any questions, contact the Planning and Development Services Department at 253.566.5656.

RETURN THIS CHECKLIST WITH YOUR APPLICATION

Fees must be paid at the time of submittal. The table below indicates the standard number of sets required at the time of submittal. The number of plans is subject to change based on the scope of the project.

# OF SETS REQUIRED	DESCRIPTION
1	Conditional Use Permit Application
1	Site Plans
1	Reduced Site Plans
1	Vicinity Map identifying proposed subdivision, including the nearest cross streets and a North arrow
1	SEPA Checklist
1	Significant Tree Survey & Preservation Plan

Updated: 08/2021

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Application

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Please type or print clearly. Incomplete information may delay the project approval.

APPLICANT:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
PROPERTY OWNER:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
AGENT:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	

PROJECT NAME & TYPE:				
Project Address:		Parcel Number(s):		
Zoning:	Current Use:			
Area/Acreage:	Township:	Range:	Section:	Quarter Section:
Has this project been reviewed at a Technical Review Committee (TRC) Meeting? ☐ **Yes** ☐ **No**				

For a Conditional Use Permit to be granted, certain criteria must be met. The Examiner shall review the following and other criteria and may approve, approve with conditions, or deny the Conditional Use Permit. Please answer the following questions with as much detail as possible so the department can understand the nature of your request. Attach additional sheets if necessary.

PROVIDE A *DETAILED* DESCRIPTION OF THE PROPOSAL. (MAY BE ATTACHED)

_____

_____

_____

_____

_____

_____

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Describe the proposal's assurances that granting the Conditional Use Permit will not be detrimental to the public health, safety, and general welfare.

_____

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_____

Describe the proposal's assurances that granting the Conditional Use Permit will not adversely affect the established character of the surrounding vicinity.

_____

_____

_____

Describe the proposal's assurances that granting the Conditional Use Permit will not be injurious to the uses, property, or improvements to, and in the vicinity of, the site upon which the proposed use is to be located.

_____

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_____

What conditions might lessen any impacts of the proposed use and how can they be monitored and enforced?

_____

_____

Describe any hazardous conditions such as traffic, noise, odor, chemical, etc. at the site that can be mitigated to protect adjacent properties, the vicinity, and the public health, safety, and welfare of the community. How will these hazards be mitigated?

_____

_____

Describe how the conditional use will be supported by, and not adversely affect, adequate public facilities and services; or that conditions can be imposed to lessen any adverse impacts on such facilities and services.

_____

_____

I hereby certify under penalty of perjury under the laws of the State of Washington that I am the applicant listed above, and that all information and evidence herewith submitted are in all respects and to the best of my knowledge and belief, true and complete. I understand that the filing fee accompanying this application is not refundable, and is only for the purposes of defraying the normal administrative expenses of processing the application, and that the payment of said fees does not result in automatic issuance of the permit requested in this application.

Print Name:	☐ Owner ☐ Agent/Other (specify):
Signature:	Date: