



# MASTER LAND USE APPLICATION

*For Office Use Only*

Questions and Applications  
can be directed to:

**Community Development**  
203 S. Pacific #208  
PO Box 819  
Kelso WA 98626

360-423-9922 (Office)  
360-423-6591 (Fax)  
building@kelso.gov

<i>Office Use Only</i>	<input type="checkbox"/> Zoning	<input type="checkbox"/> Site Plan Review	<input type="checkbox"/> SEPA	<input type="checkbox"/> Type I Review	<input type="checkbox"/> Type II Review	<input type="checkbox"/> Type III Review
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**CHECK ALL THAT APPLY AND ATTACH THE APPROPRIATE SUPPLEMENTAL FORM(S)**

Zoning / Comp Plan Amendment	Subdivision	Other
<input type="checkbox"/> Annexation <input type="checkbox"/> Code Interpretation <input type="checkbox"/> Conditional Use <input type="checkbox"/> Design Review	<input type="checkbox"/> Planned Unit Development <input type="checkbox"/> Rezone / Comp. Plan Amend <input type="checkbox"/> Site Plan <input type="checkbox"/> Text Amendment Request <input type="checkbox"/> Variance	<input type="checkbox"/> Alteration/Vacation <input type="checkbox"/> Binding Site Plan <input type="checkbox"/> Boundary Line Adjustment <input type="checkbox"/> Short Subdivision <input type="checkbox"/> Sign Permit <input type="checkbox"/> Subdivision (Long) <input type="checkbox"/> Subdivision Variance
		<input type="checkbox"/> Appeal <input type="checkbox"/> Environmental Checklist <input type="checkbox"/> JARPA: <input type="checkbox"/> Critical Area <input type="checkbox"/> Shoreline Exemption <input type="checkbox"/> Substantial Development

Project Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_ Will project be in the Flood Plain (yes/no) \_\_\_\_\_

Any part of this property within 200 feet of a shoreline of statewide significance (yes/no) \_\_\_\_\_

Will there be any filling, grading or excavation associated with the project (yes/no) If yes, quantity of earthwork \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Information**

*The property owner(s), by signing this form, hereby state as true that they are the owner(s) of the property that is the subject of this application, have reviewed the proposal as presented in the application, and wish to pursue the change(s) in land use.*

Applicant PROPERTY OWNER			
Business Name:	Contact Name		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		
Signature:	Date:		
Representative of Applicant			
Business Name:	Contact Name		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		
Additional PROPERTY OWNER			
Business Name:	Contact Name		
Mailing/Billing Address:	City:	State:	Zip:
Phone:	Email:		
Signature:	Date:		

*If there are additional property owners, provide attachment in the same format and with same declaration.*

Are existing structures located on lots?      No      Yes      (Show location and label type of structure on map. Identify uses of all existing and proposed structures.)