

CITY OF RAINIER

P O Box 258 Rainier, WA 98576 360-446-2265 fax 360-446-2720

LAND USE APPLICATION

(Please Print or Type)

	(Please Plint of Type)
PROJECT INFORMATION	
Project Name	Date:
Address	
PARCEL(s) #	
Existing Land Use	Proposed Land Use
Existing Zoning	Proposed Zoning
PROJECT DESCRIPTION:	
TROOLOT BECOKE TION.	
OWNED/A DDL IO A NET/A OF NE	
OWNER/APPLICANT/AGENT Name:	Dhono
Organization:	Phone:
Mailing Address	Cell: Fax:
Mailing Address	E-mail:
City State	Zip
CONTACT PERSON	
Name:	Phone:
Organization:	
Mailing Address	Fax:
	E-mail:
City State	Zip
LAND USE APPLICATIONS & FEES (*See handout)	LAND USE APPLICATIONS & FEES
Administrative Use Permit	Right-of-Way Vacation
*Annexation (Major / Minor)	Septic System Review
Binding Site Plan	Sign Permit - Use Bldg Permit form
Comp Plan Amendment	*Site Development Permit
*Conditional Use Permit	Surface Water Review
Density Transfer Program	*Temporary Use Permit
Design Standards Review	*Variance, Administrative
*Home Occupation	*Variance
*Master Plan	Zoning Decisions
Pre-Application Conference	SHORELINE PERMITS & FEES
Public Facilities Permit	*Substantial Development
*Reasonable Use Permit	*Conditional Use
Rezone	*Variance
	MASTER PLANNED DEVELOPMENTS & FEES
SUBDIVISION APPLICATIONS & FEES	*Preliminary
*Boundary Line Adjustment (BLA)	Final
*Lot Consolidation/Segregation	ENVIRONMENT & ENGINEER REVIEWS & FEES
*Short Plat Alt, Amend, Prelim	Engineering Deposit
Short Plat, Final	Environmental Deposit
*Subdivision Alt, Amend, Prelim	*SEPA
Subdivision, Final	EIS
Short Plat/Subdivision Extension	SF Wetland Review
<u> </u>	TOTAL FEES:
Owner/Applicant Signature	Date Paid:
Acceptance of this application and required filing fee does not constitute a	Receipt #:
complete application. Plans and other material required to constitute a	City Project Number:
complete application are listed in the appropriate RMC Title 18 Series.	

LEGAL DESCRIPTION OF PROPERTY

(If more space is required, please attach a separate sheet)

	AFFID	AVIT			
I, bein authorized representative to act for the proper application and that the foregoing statements submitted are in all respects true and correct	erty owner, or s and answers	the	ontained and the information	ved in this	
(Signature of Owner or Authorized Agent)			(Address)		
(City/State/Zip)			(Phone)		
State of) County of)					
Signed or attested before me on		by			
(Da	ate)		(Fill in name)		
	(Notary Signature) (Print Name:)				
	NOTARY PUBLIC in and for the State of Washington Residing at				
My appointment expires:					

Acceptance of this application and required filing fee does not constitute a complete application. Plans and other material required to constitute a complete application are listed in the appropriate RMC 18 series.