



**GRANT COUNTY  
DEVELOPMENT SERVICES**

P.O. Box 37 - 264 WEST DIVISION AVENUE  
EPHRATA, WA 98823  
(509) 754-2011 EXT 2501

**TYPE OF PERMIT(S) YOU ARE APPLYING FOR (check all that apply)**

*\*SEE FEE SCHEDULE FOR APPLICATION FEE AMOUNT\**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Administrative Interpretation | <input type="checkbox"/> Binding Site Plan | <input type="checkbox"/> Conditional Use Permit              | <input type="checkbox"/> Discretionary Use Permit               |
| <input type="checkbox"/> Planned Unit Development      | <input type="checkbox"/> Plat Alteration   | <input type="checkbox"/> Preliminary Subdivision             | <input type="checkbox"/> Reasonable Use Exception               |
| <input type="checkbox"/> SEPA                          | <input type="checkbox"/> Short Subdivision | <input type="checkbox"/> Site Plan Review                    | <input type="checkbox"/> Utility Easement Extinguishment & Alt. |
| <input type="checkbox"/> Variance                      | <input type="checkbox"/> Zone Change       | <input type="checkbox"/> Final Subdivision/Short Subdivision |   |

**APPLICANT INFORMATION**

APPLICANT

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

NAME, ADDRESS AND PHONE NUMBER OF PROPERTY OWNER(S), IF OTHER THAN APPLICANT

**AGENT INFORMATION**

AUTHORIZED AGENT

MAILING ADDRESS

PHONE NUMBER

EMAIL ADDRESS

**PROJECT SITE INFORMATION**

SITE ADDRESS

ASSESSOR TAX PARCEL NUMBER(S)

SITE SIZE (acres or sq. ft.)

SECTION

TOWNSHIP

RANGE

FARM UNIT

BLOCK

ZONING CLASSIFICATION

COMPREHENSIVE PLAN DESIGNATION

I acknowledge that:

1. The information, plans, maps and other materials submitted on and with this application are, to the best of my knowledge, a true and accurate representation of this proposal;
2. This application shall be subject to all additions to and changes in the laws, regulations and ordinances applicable to the proposed development until a determination of completeness has been made pursuant to GCC 25.04.160;
3. Grant County does not guarantee success of this permit application, and/or the issuance of an affirmative notice of action. The County's assistance to the applicant/owner does not preclude the need to address impacts raised by the public or by other federal, state or local agencies;
4. Project correspondence will be sent to the identified project agent, and may be sent to applicant. Failure to notify applicant does not constitute a procedural deficiency;
5. If the applicant is not the owner of the real property which is the subject of the permit application, this application and acknowledgment shall also be executed by each owner;
6. All persons executing this acknowledgment in a representative capacity shall be personally liable and hereby personally guarantee payment of all fees, expenses and costs required by this application;
7. If the applicant, representative and/or owner fail to respond to a request by the Department to submit additional information, or the applicant, representative and/or owner request, orally or in writing, that further processing be suspended or postponed, and if such failure to respond or requested suspension/postponement exceeds 90 days, the application shall be considered abandoned and all proposed development, uses and activities shall only be further considered in the submission of a new application and fees;
8. This application does not constitute approval of the proposed development activity and it is acknowledged that additional permit applications and approvals may be necessary to conduct specific activities and
9. Owner's signature serves as authorization for Agent/Applicant to act on my behalf.

DATED: \_\_\_\_\_

Applicant/Agent \_\_\_\_\_

Applicant/Agent \_\_\_\_\_

DATED: \_\_\_\_\_

Owner \_\_\_\_\_

Owner \_\_\_\_\_

**FOR STAFF USE ONLY:**

Application Type: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Application Type: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Application Type: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Sub-Total: \_\_\_\_\_

Subdivision & BSP - Proposed Number of Lots: \_\_\_\_\_

Fee Per Lot: \_\_\_\_\_

Sub-Total: \_\_\_\_\_

Intake By: \_\_\_\_\_

Receipt # \_\_\_\_\_

**TOTAL:** \_\_\_\_\_



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# Administrative Official Interpretation Checklist

***The following information must be present to be accepted at the counter.  
Incomplete submittals will not be accepted.***

| <b>Missing Items</b>     | <b>Counter Complete</b>  | <b>Submittal Requirements</b>  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Master Application   |
| <input type="checkbox"/> | <input type="checkbox"/> | Narrative Discussing the Regulation(s) or Code Provision(s) that need to be Interpreted and the Justification for the Interpretation Sought. |
| <input type="checkbox"/> | <input type="checkbox"/> | Code Excerpts and Analysis (If Applicable)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicable Fees  |

Counter Review By: \_\_\_\_\_

**NOTE!** *The above required information is necessary to start the application review.  
Additional information/materials may be required during the course of project review.*