



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

Grant County Planning Department DISCRETIONARY USE PERMIT

Application fee: \$150

PART I PROCEDURES FOR APPLYING FOR A DISCRETIONARY USE PERMIT

1. The applicant must complete the following and present it to the Planning Department. The permitting process for an application will take an average of 60 days to complete. However, Grant County will issue a decision on the Discretionary Use Permit application no later than 120 days following the determination of completeness.
 - a. An application for a Discretionary Use Permit (see attached);
 - b. A scaled drawing showing, in detail, the site of the proposed discretionary use.
 1. Vicinity map
 2. Legal Description of the property (be as complete as possible)
 3. Site plan of the layout of property and proposed use including the information requested on the example site plan instructions.
 - c. A check for any required fees may be made payable to the Grant County and submitted with the completed Discretionary Use Permit application.
 - d. An Environmental Checklist may be required to identify impacts of your proposal and help the responsible official determine whether a Determination of Non-significance, a Mitigated Determination of Non-significance, or an Environmental Impact Statement may be necessary.
 - e. Please note that if you are changing the use of a building or portion thereof, you may be required to make changes to the building to comply with the Uniform Building Code, Uniform Fire Code, and Americans with Disabilities Act, etc. You are requested to contact the Grant County Building Department if you are changing the use of a building or modifying a structure for the Discretionary Use Permit to determine if any modifications are required. This may prevent spending money on the permit process only to later find out that the structure cannot be cost effectively remodeled for the intended use.

2. **The Review Process:** The Application will be accepted by the Planning Department staff after an initial review of its contents. The Application and accompanying information will be researched. If no additional information is needed the Application will be determined to be “Technically Complete”. It will then be distributed for review and comment to various agencies having jurisdiction or a particular interest in your type of project. Comments received from the reviewing agencies will be studied along with other information available to the Administrative Official and a decision to approve, approve with conditions, or deny the application will be made.
3. **Time Frame for Decision:** Provided that there is not a continuance on the application, a decision on the Discretionary Use Permit will be made within 120 days at the most. Generally it can be made within 45 or 60 days.
4. **Appeals:** Decisions of the Administrative Official shall be final unless appealed pursuant to the Grant County Unified Development Code.

All requested information shall be provided ~ Use black ink or type for photocopying purposes

Application fee: \$150

**PART II
DISCRETIONARY USE PERMIT APPLICATION**

Legal Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Work): _____ Fax: _____

If applicant is not the owner, include the written owner authorization form designating the contact to serve as representative.

Owner's Designated Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Work): _____ Fax: _____

Project/Proposal Site Area (Acres or sq. ft.): _____

Assessor Tax Parcel No.(s) of Proposal Site: _____

Adjacent Area Owned or Controlled (Acres or sq. ft.): _____

Assessor Tax Parcel No.(s) of Adjacent Land Owned or Controlled:

Street Address of Proposed Site (if any):

Describe Existing Use(s) on Proposed Site (Such as buildings, building dimensions, well, sewer drainfield and others):

Existing Zoning Classification: _____

Comprehensive Plan Category: _____

GMA Designation: Within IUGA or UGA? () yes () no

School District: _____

Fire District: _____

Water Purveyor: _____

Irrigation District: _____

Proposed Use of Property:

- Duplexes Business Multi-Family dwelling
- Industrial Mixed Use Single-family dwelling
- Manufactured Homes Other: Please describe

List previous Grant County actions involving this property: (Such as tax segregation application, certificate of exemptions, GA or EA affidavit, subdivision, lot segregation or Agriculture District segregation, zone change, variance, temporary use SEPA review, estate transfer, zoning code violation or others)

LEGAL INFORMATION

Location of Proposal Site (Travel directions giving road names, directions and distances, and intersections or other land marks):

Section(s): NW NE _____ Township: _____ Range: _____

Name of Public Road (s) providing access:

Width of Property Fronting on Public Road: _____

I have attached a legal description of the proposed site: () yes () no

Section of the zoning ordinance under which it is believed a Discretionary use should be granted:

Purpose for the requested Discretionary use:

Is the proposed use to be temporary or permanent? If temporary, please explain:

If you have any additional comments, please attach them on a separate sheet of paper.

Critical Areas Checklist
Pursuant to Grant County 24.08.070

- 1) Section _____ Township _____ Range _____ Parcel Number _____
- 2) Site Address: _____
- 3) Directions to site and landmarks to help staff locate the site: _____

- 4) If this checklist is submitted independently, please attach a Section map obtained from the Assessor's office and highlight the project area. Attached? Yes ___ No ___
- 5) Proposed uses: _____
- 6) For independent CAO review, please attach a Site Plan. Attached? Yes ___ No ___
- 7) Please answer the following questions concerning Critical Area indicators located on or within 300 feet of the project area.
 - a) Are you aware of any environmental documentation that has been prepared related to critical areas that includes the subject area? (if yes, please attach a list of document titles).
Yes ___ No ___ Unknown ___

 - b) Are there any surface waters (including year-round and seasonal streams, saltwater, lakes, ponds, bogs, fens, swamps, marshes)?
Yes ___ No ___ Unknown ___

 - c) Is there vegetation that is associated with wetlands?
Yes ___ No ___ Unknown ___

 - d) Have any wetlands been identified?
Yes ___ No ___ Unknown ___

 - e) Are there areas where the ground is consistently inundated or saturated with water?
Yes ___ No ___ Unknown ___

 - f) Is there any State or Federally listed sensitive, endangered or threatened species and habitats?
Yes ___ No ___ Unknown ___

 - g) Are there slopes of 15% or greater?
Yes ___ No ___ Unknown ___

 - h) Is the project located within a Flood Hazard Zone?
Yes ___ No ___ Unknown ___

 - i) Do you know of any geologic hazards (for example: erosion hazards, landslide hazards, seismic hazards and mine hazards)?
Yes ___ No ___ Unknown ___

 - j) Do you know of any cultural resource sites (lands, sites, structures with historic or archaeological significance) located on the proposed site?
Yes ___ No ___ Unknown ___

Information regarding endangered species, wetland vegetation and flood hazard zones is available for public use at the Grant County Planning Department. I understand that if the information on this form is later determined to be incorrect, the project or activity may be subject to conditions or denial as necessary to meet the requirements of GCC 24.08, the Grant County Critical Areas Ordinance.

Applicant's Signature

Date

PRE-APPLICATION REVIEW CONFERENCE WAIVER

Pre-application conferences are intended as an informal discussion and review of possible applications to assist the applicant in discovery of appropriate county regulations, standards, application materials and review processes, that would be required of a project, as well as to identify environmental issues that may arise in connection with the application for proposed development.

- However, the requirement for the pre-application conference may be waived by the administrative official with the concurrence of the applicant.

Application No.: _____

Type of Application: _____

I hereby request a waiver to the pre-application conference as provided in the Grant County Local Project Review Ordinance (Ord. #97-192-CC). I have been provided with copies of the county ordinances and other related information concerning this application. Furthermore, I have read and understand the requirements and will be providing all the necessary information needed for the formal review process of this application.

Name

Date

ADMINISTRATIVE REVIEW

Upon consideration of the application and supplemental materials and information submitted thus far by the applicant, Administrator finds that:

- 1) the application itself **is / is not** relatively simple; and
- 2) the administrative official had made a good faith determination that the applicant **will / will not** be harmed by the failure to hold a pre-application conference.

The above request for a waiver of the Pre-Application Conference requirement is hereby **APPROVED / DENIED**.

Project Planner

Date

SITE PLAN INSTRUCTIONS

INSTRUCTIONS:

- A. Complete the information requested in the gray box at the top of the reverse side of this page and draw your site plan in the space provided; you may use additional 8½ X 11 sheets as needed;
- B. Identify the north arrow in the space provided;
- C. Use an accurate scale for drawing (ie; "1 inch = 10 feet" or "1 inch = 20 feet" or "1 inch = 100 feet" etc.);
- D. Draw the boundaries of the parcel including the dimensions (you may need a plat map copy from the assessor's office)
- E. Draw the location and dimensions of all existing buildings and structures;
- F. Draw the location of the proposed project including the structure dimensions, and distances to property lines and existing buildings and structures;
- G. Draw the location of all proposed and existing utilities (including power, phone, water, sewer systems, reserve drainfield, etc.);
- H. Draw the location and dimensions of all existing and proposed roads, driveways, parking areas, rights-of-way and easements;
- I. Draw the location of any distinguishing physical features located on or adjacent to the property (including but not limited to : streams, culverts, drainage ways, wetlands, slopes, bluffs, etc.);
- J. In the gray box at the bottom of the page, please provide detailed directions to the site;
- K. If you have questions regarding these instructions, please see the "EXAMPLE" SITE PLAN provided below. If you have further questions not covered in the example, please call (509) 754-2011, extension 620 for assistance.

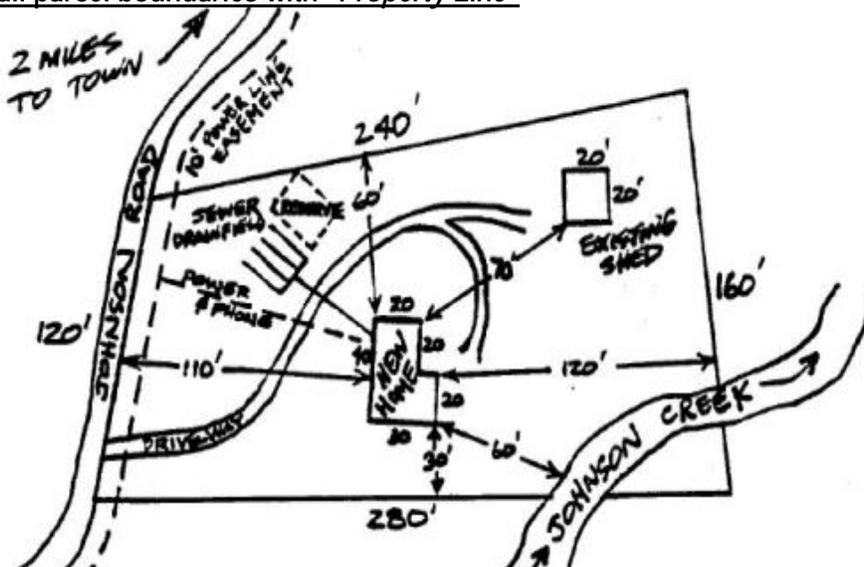
"EXAMPLE" SITE PLAN

IN ORDER TO PROCESS LANDUSE APPLICATIONS, ALL SUBMISSIONS MUST INCLUDE A COMPLETED SITE PLAN MAP OF THE PROPOSED PROJECT (SEE INTRUCTIONS), submission of an incomplete site plan map will be considered as an incomplete application and returned to the applicant:

PROJECT/ OWNER NAME _____ DATE _____

PARCEL #(s) _____ DRAWING SCALE _____ inch(s) = _____ feet

NOTE: Please label all parcel boundaries with "Property Line"



NORTH
ARROW

Directions to the Site:

SITE PLAN

IN ORDER TO PROCESS LAND USE APPLICATIONS, ALL SUBMISSIONS MUST INCLUDE A COMPLETED SITE PLAN MAP OF THE PROPOSED PROJECT (SEE INTRUCTIONS), submission of an incomplete site plan map will be considered as an incomplete application and returned to the applicant:

PROJECT/ OWNER NAME _____ DATE _____

PARCEL #(s) _____ DRAWING SCALE _____ inch(s) = _____ feet

NOTE: Please label all parcel boundaries with "*Property Line*"

NORTH
ARROW

Directions to the Site:



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LAND USE ACTIVITY

ACKNOWLEDGEMENT AND AUTHORIZATION FORM

I, _____, legal owner
of Parcel (s) _____ - _____ - _____, _____ - _____ - _____, hereby authorize
_____ to act as my agent, in the
_____ application filed in the
Grant County Planning Department.

Legal Owner Signature

Legal Owner Signature

Date

Date

**A GRANT COUNTY HEALTH DISTRICT “*LAND
USE PROPOSAL APPLICATION*” MAY BE
REQUIRED FOR THIS PROJECT; PLEASE
CONTACT THE PLANNING DEPARTMENT AND
HEALTH DISTRICT* FOR VERIFICATION**

IF APPLICABLE, IN ORDER FOR YOUR LAND USE PERMIT
APPLICATION PACKET TO BE ACCEPTED IT MUST CONTAIN THE
FORM SIGNED BY THE HEALTH DISTRICT REPRESENTATIVE.

* Grant County Health District Contact information:
1038 West Ivy
Moses Lake, WA 98837
(509) 766-7960
www.granthealth.org