



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

REASONABLE USE EXCEPTION

Application Fee \$150

SEPA (if applicable) \$300

New Fee 5/09

PART I PROCEDURES FOR APPLYING FOR A REASONABLE USE EXCEPTION

- 1) The applicant must complete the following and present it to the Planning Department. Grant County will issue a decision on the Reasonable Use Exception application no later than 120 days following the determination of completeness.
 - a) A completed project permit application form signed by (1) the owner(s) of the property subject to the application, or (2) a representative authorized to do so by written instrument executed by the owner(s) and filed with the application;
 - b) A complete site plan. Please refer to EXAMPLE site plan provided in this application packet.
 - c) A vicinity map.
 - d) A verified statement by the applicant that the property affected by the application is in the exclusive ownership of the applicant or that the applicant has submitted the application with the consent of all owners of the affected property;
 - e) The completed application shall identify a single contact person or entity to receive determinations and notices;
 - f) All other items listed as application requirements in the relevant sections of the Grant County Unified Development Code and other applicable regulations;
 - g) A property and/or legal description supplied by the Grant County Auditor, a title company, a surveyor licensed in the State of Washington, or other party approved by the review authority, and current Grant County Assessor's map(s) showing the property(ies) subject to the application;
 - h) A current Grant County Assessor's map(s) showing the property(ies) within a radius of three hundred (300) feet of the subject site, or from the external boundaries of all adjacent property(ies) owned by the applicant. In addition, a list of the names and addresses of all properties within that radius shall be provided. This information shall be obtained from the County Assessor's Office or a title company, licensed surveyor, or other party approved by the review authority. If the information is provided by any entity other than the Assessor's Office, that entity must certify (under penalty of perjury) that the information is accurate and complete;

- i) A copy of the pre-application conference summary, if any, or the pre-application conference waiver form signed by the applicant and the Administrative Official.
 - j) Evidence of adequate water supply as required by RCW 19.27.097; and/or regulations established by the Grant County Health District;
 - k) Evidence of sewer availability; or evidence of on-site sewage disposal approval by the Grant County Health District, or jurisdictional agency including but not limited to the Washington State Department of Health or Washington State Department of Ecology;
 - l) Any SEPA documents, as applicable; and
 - m) The applicable fee(s).
- 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:** Once the application is deemed complete, the review process will begin. Provided there is no continuation of the application, a decision on the Reasonable Use Exception will be made within 120 days.
- 4) **Appeals:** Appeals shall be filed pursuant to the Grant County Unified Development Code.

PART II
REASONABLE USE EXCEPTION APPLICATION

All requested information shall be provided – use black ink or type for photocopying purposes.

Legal Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Work): _____ Fax: _____

If applicant is not the owner, include the written owner authorization form (see Part III) 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. 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, well, sewer drainfield and others):

Existing Zoning Classification: _____

Comp. Plan Designation: _____

Permitted Density: _____ Dwelling Units Per _____ acre(s)

Located within an Urban Growth Area (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, subdivision, lot segregation or Agriculture District segregation, zone change, Reasonable Use Exception, temporary use SEPA review, estate transfer, zoning code violation or others)

LEGAL INFORMATION

Location of Proposal Site:

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

Legal description attached: () yes () no

Name of Public Road (s) providing access: _____

Width of Property Fronting on Public Road: _____

Section of the Zoning Ordinance under which it is claimed that a Reasonable Use Exception should be granted [I.e.: 23.04.170(a)(1) or (2) or (3)]:

Purpose for the requested Reasonable Use Exception:

Does the application of the Unified Development Code result in denial of any fundamental attribute of private property ownership inconsistent with the limitations upon other properties in the zoning district in which the property is situated? If so, please explain:

Does the application of the Unified Development Code result in denial of all economically viable use of private property as a whole or creates a severe impact on a landowner's economic interest in the property as a whole? If so, please explain:

Can reasonable and economically viable use of the property be obtained by consideration of a variance to one or more individual requirements of this Chapter or other Chapters of the GCC? If so, please explain:

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

PART III

LEGAL OWNER SIGNATURE

(Signature of legal owner or representative as authorized by legal owner)

I, the undersigned, swear or affirm under penalty of perjury that the above responses are made truthfully and to the best of my knowledge. I further swear or affirm that I am the owner of record of the area proposed for the previously identified land use action, or, if not the owner, attached herewith is written permission from the owner authorizing my actions on his or her behalf.

Name: _____
Address: _____
Zip: _____

Date: _____
Home Phone: _____
Work Phone: _____

Signature of Applicant or representative

Date

Notary
(For Part III Above)

STATE OF WASHINGTON)
COUNTY OF GRANT) ss:

SUBSCRIBED AND SWORN to me this _____ day of _____, 20____.

NOTARY SEAL

Notary Signature

Notary Public in and for the State of Washington
Residing at: _____
My appointment expires: _____

PART IV

(To be completed by the Planning Department)

Date Submitted: _____ Planner: _____

Total Fees: _____ Receipt #: _____

File #: _____ Complete Application: _____

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.

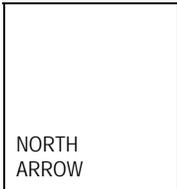
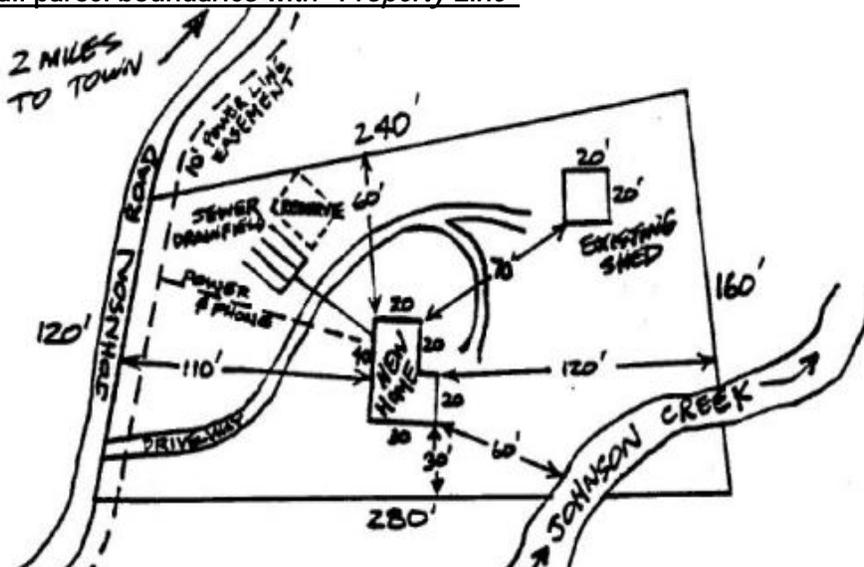
"EXAMPLE" SITE PLAN

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"



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