



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

SITE PLAN REVIEW APPLICATION

Application Fee: \$500.00

Note: The above fee and site plan/map requirements listed below must accompany this application when submitted to the Grant County Planning Department in order for this application to be accepted and ready for review.

Applicant: _____

Address: _____

City, State & Zip Code: _____ Phone #: _____

Landowner: _____ Phone #: _____

Parcel #: _____ Acreage: _____

Farm Unit: _____ Irrigation Block: _____

Plat: _____ Division: _____

Phase: _____ Block: _____ Lot: _____

Section: _____ Township: _____ Range: _____ W. M.

Zoning District: _____

Building Description:

- Proposed Land-Use: Commercial Multifamily Industrial MH Parks
 Farm-Worker Accommodations Other: _____
- Is the property affected by this application in the exclusive ownership of the applicant:
 Yes No
If no, has the application been submitted with the consent of all owners of the affected property: Yes No
- Sewer: City Sewer Septic In Place Septic Proposed
- Water: City Water Well In Place Proposed Well
- Is the subject parcel within 200' of a shoreline: Yes No

“TO MEET CURRENT AND FUTURE NEEDS, SERVING TOGETHER WITH PUBLIC AND PRIVATE ENTITIES,
WHILE FOSTERING A RESPECTFUL AND SUCCESSFUL WORK ENVIRONMENT.”

- Are there any structures located on the subject parcel: Yes No

Explain: _____

- Are there any restrictive covenants for the subject parcel: Yes No
(If yes, please provide a copy)

Please list any historically approved land-use/development permits or other permit applications recently filed for the subject parcel:

- How many persons will reside &/or work in the subject proposal: _____

Site Plan/Map Requirements:

At a minimum, please include a site plan with your application with the following items:

- 1) A site plan drawn to scale, no smaller than 8½” X 11”.
- 2) The date.
- 3) Graphic and numeric scale.
- 4) North Arrow.
- 5) Total Acreage.
- 6) Proposed & Existing Structures.
- 7) Distances proposed and existing structures are from lot lines/setbacks.
- 8) Distances between existing and proposed structures.
- 9) All proposed and existing land-uses.
- 10) Proposed or existing roads.
- 11) Location of existing or proposed access.
- 12) The location of existing local, County or federal easements and rights-of-way.
- 13) The location of any designated critical areas, flood plains, and shorelines.
- 14) A layout of sewers and septic systems and distances structures are from these.
- 15) The location and number of existing and proposed parking spaces on & off site.
- 16) The location of any open-space and landscaped areas.
- 17) The location of any utilities on or serving the subject parcel.
- 18) For new construction, a grading plan showing proposed clearing and grading of the subject parcel with the existing and proposed topography at 5-foot contour intervals.
- 19) Has any of the following information been included with this application:
 - Traffic Impact Analysis Parking Plan Landscape Plan BLA
 - Conditional-Use Permit Replat Variance Other: _____

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



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

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