



Received Stamp		City of Roslyn Planning Department 100 E. Pennsylvania Ave. PO Box 451 Roslyn, WA 98941 509-649-3105 FAX 509-649-3174 roslynplanning@inlandnet.com
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Special Use Permit Application Checklist

FOR STAFF USE ONLY

File No.:	Received By:	Date Received:	Date Complete:
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Applicant	City	NA	
			The following is a list of materials which are required for a complete application. Consult with the Planning Department if you have any questions. The applicant shall file seven (8) legible paper copies of the proposed site plan listed below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Master Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Special Use Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The Special Use Permit fee;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. A vicinity map extending at least 800 feet in each direction from the property. The vicinity map shall be drawn to scale of one inch equals 800 feet.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Site plan of property with all structures, property lines, streets, and alleys with locations and dimensions of all vehicular points of access, traffic circulation and parking facilities, pedestrian entrances and exits, walls and fences, and nearest fire hydrant, both existing and planned.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Written authorization from the owner of the property on which the special use/event is located.

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Special Use Permit Application

This form must be completed (clearly printed or typed) and submitted to the City with the Master Permit application and any other permit applications and associated application materials as required on the attached application checklist(s), as well as all fees as determined by the Planning Official. If you have questions or need more information, please contact the Planning Department at (509) 649-3105 or roslynplanning@inland.net.

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Applicant Name: _____ Applicant Phone #: () _____

Company/Organization Name: _____

Project Name: _____

Describe the street location of the special use (address, nearest crossroads): _____

Assessor / Tax Parcel Number(s) and Map Number (s), if applicable: _____

Brief project description (use more paper if needed): _____

Length of time of special use/event, temporary use or right-of-way use: _____

Type of Special Use Permit (See RMC 12.180.020 for details):

<input type="checkbox"/> Major Special Use/Event	<input type="checkbox"/> Minor Special Use/Event
<input type="checkbox"/> Temporary Use	<input type="checkbox"/> Right-of-way Use Permit

Please read the special use permit regulations in RMC 12.180 and sign below.

I have read and understand that failure to comply with the special use permit requirements as listed in RMC Chapter 12.180 is ground for immediate revocation of the special use permit. I certify under the penalty of perjury under laws of the State of Washington that the above information is true and correct.

Signature: _____ Date: _____

Printed Name: _____ Date: _____