



Town of Twisp

118 S. Glover St • Box 278 • Twisp, WA 98856 • 509-997-4081 • 509-997-9204 TDD 800-833-6388
www.townoftwisp.com

LAND USE PERMIT APPLICATION

DATE: _____

PROJECT TITLE: _____ FILE ID#: _____

PARCEL #: _____ PHYSICAL ADDRESS PROJECT: _____

- | | |
|---|-------------------------------------|
| _____ Long Plat Preliminary Approval (SEPA) | _____ Long Plat Final Approval |
| _____ Long Plat alteration/Vacation | _____ Short Plat |
| _____ Planned Development | _____ Zoning Conditional Use Permit |
| _____ Zoning Variance | _____ Zoning Text Amendment |
| _____ Zoning Map Amendment | _____ Comprehensive Plan Amendment |
| _____ Floodplain (Incl JARPA & SEPA) | _____ Shoreline (JARPA & SEPA) |
| _____ Access Permit | _____ Administrative Permit |
| _____ Other, Secify: _____ | |

Application Vesting Fees: _____ Receipt #: _____

VESTING DATE OF APPLICATION: _____ BY: _____

APPLICANT: _____ Phone #: _____
Mailing Address: _____
Contact Person: _____ Email Address: _____

ENGINEER/SURVEYOR OF RECORD: _____
Firm Name: _____ Phone #: _____
Mailing Address: _____
Email Address: _____

OWNER OF PROPERTY: _____
Mailing Address: _____

GENERAL PROJECT INFORMATION;
This application is made pursuant to the following ordinance sections: _____ TMC 18
(Please check appropriate Twisp Municipal Code) _____ TMC 17

Description of the proposal: _____

Description of the existing use(s) of the property: _____

Description of the primary use(s) of the property: _____

Description of other (appurtenant) uses: _____

Land Use Description of the subject property:

Comprehensive Plan: _____

Shoreline Environment: _____

Flood Plain Zone & Base Flood Elevation: _____

Zoning District: _____

Zoning Overlay District: _____

Are there existing relevant permit or approvals held to the subject property? If yes, state the permit

Number and issuing agency: _____

Will the proposal affect the access to the property? If yes, please describe: _____

Will the proposal require work within an existing public right-of-way? If yes, please describe: _____

Will the proposal require additional and/or new and/or changes to the water, sewer and storm Services: If yes, please describe for each: _____

Concurrency: _____

Water Service is provided by: _____

Sewer Service is provided by: _____

Storm sewer service is provided by: _____

Is the property served by an irrigation district? If yes, state the name of the servicing district and Describe any affect the proposal will have on the service: _____

PLEASE INCLUDE: COMPLETE PERMIT APPLICATION, IMPACT ASSESSMENT CHECKLIST, REQUIRED PLANS AND SPECIFICATIONS, RELATED SEPA DOCUMENTS, MEETS AND BOUNDS LEGAL DESCRIPTION (if applicable), LIST OF ALL ADJACENT LANDOWNERS MAILING LIST WITH 300' OF PROPOSAL PROPERTY, AND VESTING FEES (if required).

I hereby apply for the above noted permit(s). By signing below, I hereby certify that I am the above applicant and hereby state that all the foregoing information, and all information attached hereto, as true to the best of my knowledge, with the understanding that inaccurate, incomplete and/or false information may cause delays and/or provide cause to void this application and any subsequent approvals. Further, I understand that in addition to the filing fees, I am responsible for

reimbursement to the Town of Twisp for all costs incurred in the processing of this application. These costs may include, but are not limited to; postage, publishing, copies, peer review and special consultant review and inspection.

Applicant's Signature

Date

Property Owner's Signature
(Mandatory if different from the applicant)

Date

*** FOR OFFICE USE BELOW ***

This proposal IS or IS NOT categorically exempt from a threshold determination in accordance With the State Environmental Policy Act.

Basis of exemption if applicable: _____

Decision Maker: _____ Date: _____