**General Land Use Application**

For use with all applications listed below

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PROJECT NAME: ____________________________

Application Type:

- [ ] Comp Plan/Zoning Amendment
- [ ] Long Subdivision (5-lots or more)
- [ ] Rezone
- [ ] Short Subdivision (4-lots or less)
- [ ] Administrative/SEPA Appeal
- [ ] Binding Site Plan (BSP)
- [ ] Administrative Exception
- [ ] Mobile/Man. Home Park Creation
- [ ] Sign
- [ ] Planned Unit Development (PUD)
- [ ] Temporary Use Permit (TUP)
- [ ] Conditional Use Permit (CUP)
- [ ] Variance
- [ ] Home Profession
- [ ] Other: ____________________________

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**ALL REQUIRED SUPPLEMENTAL INFORMATION MUST BE SUBMITTED ALONG WITH THIS APPLICATION**

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>LANDOWNER (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________</td>
<td>Name: ____________________________</td>
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<tr>
<td>Address: ____________________________</td>
<td>Address: ____________________________</td>
</tr>
<tr>
<td>Phone: __________________ Fax: __________</td>
<td>Phone: __________________ Fax: __________</td>
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<tr>
<th>SURVEYOR (if applicable)</th>
<th>AGENT (if applicable)</th>
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<tbody>
<tr>
<td>Name: ____________________________</td>
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<td>Phone: __________________ Fax: __________</td>
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<td>E-mail: ____________________________</td>
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**DESCRIPTION OF PROPOSAL**

Brief Description of Proposal (kind of use, # of units/lots, etc.)

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Proposed Start Date: ____________________________ Proposed Completion Date: ____________________________

Will This Project be Completed in Phases: [ ] Yes [ ] No

Phasing Schedule: ____________________________

(Phasing plan must be shown on site plan or preliminary plat)

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City of Airway Heights, Planning Department

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Rev. 09/03
## Parcel Information

Parcel Number (9-digit tax no.) ____________________________ Parcel Size: ______________ (sqft/ acres)

Property Location (address):

Legal Description of Property (please provide proof of ownership):

Comprehensive Plan Designation: ______________________ Zoning District: ______________________

Road(s) Serving the Property: __________________________ Road Frontage: ______________ Ft.

Physical Description of the Site (slope, vegetation, etc.):

Topographical Features:

Natural or Man-made Limitations of the Site:

Existing Use:

- Residential
- Commercial
- Industrial
- Vacant

Existing Lot Coverage:

- Structures __________%, ___________ SqFt.
- Other: __________%, ___________ SqFt.

Existing Structures:

Existing Utilities:

- City Water
- City Sewer
- Natural Gas
- Phone
- Electricity
- Other: ____________

Surrounding Land Uses:

- Residential
- Commercial
- Industrial
- Vacant

- All appropriate fees must accompany this application. Fees are non-refundable and subject to change. Please contact the Planning Department for current fee totals.
- This application must be completed in its entirety for all items applicable to your project.
- Supplemental information is generally required for land use approvals. Ensure that all required information is submitted along with this application form.

## Signature

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 action on his/her behalf.

____________________________
Landowner/Applicant/Agent (attach Owner Consent Form if Req’d.)

Date

## Staff Use Only

<table>
<thead>
<tr>
<th>Complete Application:</th>
<th>Yes</th>
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<th>SEPA Required:</th>
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<td>Use Allowed:</td>
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