



CITY OF BUCKLEY ♦ PO BOX 1960 ♦ BUCKLEY, WA 98321
360-829-1921 ♦ Fax 360-829-2659 ♦ www.cityofbuckley.com

CITY OF BUCKLEY
MASTER LAND USE APPLICATION

File # SCH-3089

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> BOUNDARY LINE ADJUSTMENT | <input type="checkbox"/> SHORT SUBDIVISION |
| <input type="checkbox"/> FULL SUBDIVISION | <input type="checkbox"/> BINDING SITE PLAN |
| <input type="checkbox"/> REZONE | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> CONDITIONAL USE PERMIT | <input type="checkbox"/> ZONING CODE AMEND |
| <input type="checkbox"/> SITE PLAN | <input type="checkbox"/> CRITICAL AREAS PERMIT |
| | <input checked="" type="checkbox"/> COTTAGE HOUSING |

Please print or type a response to each question as thoroughly as possible. If you need further information, please contact the City at 360-829-1921. A preliminary meeting with staff, prior to application, is recommended.

- Applicant/Property Owner: VanderVies Construction E-Mail: JVV1966@HOTMAIL.COM
Phone # 253-335-9502 Address: 2947 Edel Ave. Enumclaw, WA 98022
- Applicant (if other than property owner): _____ E-Mail: _____
Phone # _____ Address: _____
- Surveyor/Engineer: Baseline Engineering E-Mail: _____
Phone # 253-565-4491 Address: 1910 64th Ave. West, Tacoma, WA 98466
- Location/Address of Project: XXx Cords Ave. PC Assessor's Parcel No(s): 3240006352
- Legal description (attach additional sheets if necessary): _____

- If rezone or zoning code amendment; Description of requested change (attach additional sheets if necessary): _____

- Project Description/Activity: Cottage Housing

- Provide site plan and project design specifications: check
- Provide a complete environmental checklist for SEPA review*: check
*(if required by the City)
- Provide completed application checklist: check
- *If clearing, grading and/or filling:

Estimate number of cubic yards: 400 if over 500 cubic yards, attach SEPA checklist.

Regraded () Removed from site () Imported to site () Other

Maximum height of fill 1' Maximum depth of cut 1'

Square footage of area to be covered with impervious surface 11,000 sq ft

12. Describe and identify on site plan any streams, drainage course or wetlands known or suspected within 200 feet of the property and indicate whether or not the project will effect or impact any of these as well as alter the flow of stormwater across the property: None Known

13. Identify whether or not the project will effect or impact the flow of stormwater across the property. If the project will impact a flow please indicate on the site plan the current drainage pattern and how the project will effect the flow: It will not

Note: The total fee associated with this permit for which the applicant is responsible shall be the amount of the actual costs incurred by the city during the permit review process (see BMC 20.01.268).

[Signature]
SIGNATURE OF APPLICANT*

1-13-16
DATE

- (Must be the owner of the property or have a documented legal ownership interest verified by the City)

Agency Use Only:

Application fees/deposits:

Amount Received:

	Amount Received:	Date received
<input type="checkbox"/> Subdivision (Full/Short)	_____	_____
<input type="checkbox"/> Boundary Line Adjustment	_____	_____
<input type="checkbox"/> Binding Site Plan	_____	_____
<input type="checkbox"/> SEPA Review (checklist)	_____	_____
<input type="checkbox"/> Rezone	_____	_____
<input type="checkbox"/> Variance	_____	_____
<input type="checkbox"/> Conditional Use Permit	_____	_____
<input type="checkbox"/> Zoning Code Amend	_____	_____
<input type="checkbox"/> Site Plan	_____	_____
<input type="checkbox"/> Critical Areas Permit	_____	_____

Application packet materials (check if received):

- Completed application checklist