



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 # SPR-3074

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 checked="" type="checkbox"/> SITE PLAN | <input type="checkbox"/> CRITICAL AREAS PERMIT |

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: Christine mill E-Mail: cmill@cmillarchitect.com / 360.825.7104
Jared Stevenson E-Mail: jared@wcontract.com
 Phone # 206.993.4198 Address: PO Box 2300, Buckley WA 98321
 + other will Stevenson - FIFTH ELEMEN Properties
- Applicant (if other than property owner): Ø E-Mail: _____
 Phone # _____ Address: _____
- Surveyor/Engineer: _____ E-Mail: _____
 Phone # _____ Address: _____
- Location/Address of Project: 27971 SR 410 E PC Assessor's Parcel No(s): 5665000255 / 5665000256
- Legal description (attach additional sheets if necessary): _____

- If rezone or zoning code amendment; Description of requested change (attach additional sheets if necessary): N/A
- Project Description/Activity: Property Development.
- 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: 2600+ if over 500 cubic yards, attach SEPA checklist.

Regraded Removed from site Imported to site Other

Maximum height of fill 5 Maximum depth of cut 2

Square footage of area to be covered with impervious surface SEE SITE Plan/Project information sheet

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: See SEPA Report

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: SEE Storm water Report

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).

J. Sn.
SIGNATURE OF APPLICANT*

12/10/2015
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:	
<input type="checkbox"/> Subdivision (Full/Short)	_____	Date received _____
<input type="checkbox"/> Boundary Line Adjustment	_____	Date received _____
<input type="checkbox"/> Binding Site Plan	_____	Date received _____
<input type="checkbox"/> SEPA Review (checklist)	_____	Date received _____
<input type="checkbox"/> Rezone	_____	Date received _____
<input type="checkbox"/> Variance	_____	Date received _____
<input type="checkbox"/> Conditional Use Permit	_____	Date received _____
<input type="checkbox"/> Zoning Code Amend	_____	Date received _____
<input type="checkbox"/> Site Plan	_____	Date received _____
<input type="checkbox"/> Critical Areas Permit	_____	Date received _____

Application packet materials (check if received):

Completed application checklist