

CONDITIONAL USE PERMIT *Checklist*



3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

This is a checklist of materials required for a Conditional Use Permit. This checklist is provided to assist you in submitting a complete application. If you have any questions, contact the Planning and Development Services Department at (253) 566-5656.

RETURN THIS CHECKLIST WITH YOUR APPLICATION

Fees must be paid at the time of submittal. The table below indicates the standard number of sets required at the time of submittal. The number of plans is subject to change based on the scope of the project.

# OF SETS REQUIRED	DESCRIPTION
10	Conditional Use Permit Application
10	Site Plans
2	Reduced Site Plans
10	Vicinity Map identifying proposed subdivision, including the nearest cross streets and a North arrow
10	SEPA Checklist
3	Significant Tree Survey & Preservation Plan
2	Property Listings, Map and Mailing Labels for all lots within 300 feet (but not less than two parcels deep) of subject property. (Obtained from Pierce County Assessor, title company, or other approved method)

Describe the proposal's assurances that granting the Conditional Use Permit will not be detrimental to the public health, safety, and general welfare.

Describe the proposal's assurances that granting the Conditional Use Permit will not adversely affect the established character of the surrounding vicinity.

Describe the proposal's assurances that granting the Conditional Use Permit will not be injurious to the uses, property, or improvements to, and in the vicinity of, the site upon which the proposed use is to be located.

What conditions might lessen any impacts of the proposed use and how can they be monitored and enforced?

Describe any hazardous conditions such as traffic, noise, odor, chemical, etc. at the site that can be mitigated to protect adjacent properties, the vicinity, and the public health, safety, and welfare of the community. How will these hazards be mitigated?

Describe how the conditional use will be supported by, and not adversely affect, adequate public facilities and services; or that conditions can be imposed to lessen any adverse impacts on such facilities and services.

I hereby certify under penalty of perjury under the laws of the State of Washington that I am the applicant listed above, and that all information and evidence herewith submitted are in all respects and to the best of my knowledge and belief, true and complete. I understand that the filing fee accompanying this application is not refundable, and is only for the purposes of defraying the normal administrative expenses of processing the application, and that the payment of said fees does not result in automatic issuance of the permit requested in this application.

Print Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Agent/Other (specify):
Signature:	Date: