



# LAND USE MASTER INVOICE

COMMUNITY DEVELOPMENT SERVICES

435 MARTIN STREET, STE. 3000

BLAINE, WA • 98230

PHONE: (360) 332-8311

FAX: (360) 543-9978

**Total Fees**

\$ \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

I, the applicant/owner, certify that this application is being made with the full knowledge and consent of all owners of the property in question. I attest that the information provided on this and supplemental application forms and materials is true and accurate. I also agree to provide access and right of entry to City of Blaine employees, representatives or agents for the sole purpose of application review and any required later inspections. This right of entry shall expire when the City (through the Director or designee) concludes the application has complied with all applicable laws and regulations. Access and right of entry to the applicant's property shall be requested and shall occur only during regular business hours.

Project Name: \_\_\_\_\_

Site Address/Location/Parcel Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address for Contact Person: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Property Owner Signature: \_\_\_\_\_

## PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> Boundary Line Adjustment - \$275 <input type="checkbox"/> Critical Areas Review (major) - \$275 <input type="checkbox"/> Commercial (Downtown) Design Review - \$200 +\$75/hour <input type="checkbox"/> Covenant to Bind <input type="checkbox"/> Flood Area Development - \$100 <input type="checkbox"/> Land Disturbance (minor) - \$200 <input type="checkbox"/> Land Disturbance (major) - \$500	Hot Key – 243 Hot Key – 048 Hot Key – 022 No Charge Hot Key – 035 Hot Key – 243 Hot Key – 243	<input type="checkbox"/> Pre-Application (1 <sup>st</sup> free, \$250 after) <input type="checkbox"/> Short Plat - \$525 <input type="checkbox"/> Site Plan Review - \$275 <input type="checkbox"/> Specific Binding Site Plan - \$525 <input type="checkbox"/> Shorelines Exemption - \$50 <input type="checkbox"/> SEPA Review - \$375 <input type="checkbox"/> SEPA Exemption Request - \$75 <input type="checkbox"/> Signs - \$50 for first 3, \$25 per add.	Hot Key – 243 Hot Key – 243 Hot Key – 219 Hot Key – 243 Hot Key – 035 Hot Key – 048 Hot Key – 023
<input type="checkbox"/> Building or Plat Variance - \$300 <input type="checkbox"/> Conditional Use - \$350 <input type="checkbox"/> Shorelines Conditional Use - \$500 <input type="checkbox"/> Shorelines Variance - \$500	Hot Key – 035 Hot Key – 035 Hot Key – 035 Hot Key – 035	<input type="checkbox"/> Shorelines Substantial Development <\$50K - \$275 <input type="checkbox"/> Shorelines Substantial Development ≤ \$250K - \$550 <input type="checkbox"/> Shorelines Substantial Development > \$250K - \$900	Hot Key – 035 Hot Key – 035 Hot Key – 035
<input type="checkbox"/> General Binding Site Plan - \$1,500 + \$100/acre for every acre over 3 <input type="checkbox"/> Planned Unit Development - \$800 + \$100/lot or tract <input type="checkbox"/> Preliminary Long Subdivision \$1,500 + \$100/lot or tract <input type="checkbox"/> Final Long Subdivision \$525 + \$50/lot or tract	Hot Key – 243 Hot Key – 243 Hot Key – 243 Hot Key – 243	<input type="checkbox"/> Annexation - \$1,500 + \$50/acre + <input type="checkbox"/> Comprehensive Plan Amendment – Variable \$ _____ <input type="checkbox"/> Land Use & Development Code Amendment - \$500 <input type="checkbox"/> Zoning Map Amendment – Variable \$ _____	Hot Key – 243 Hot Key – 043 Hot Key – 243 Hot Key – 243

**DESCRIPTION OF PROPOSED PROJECT: (Attach supplemental sheets as necessary)**



# CITY OF BLAINE

## COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

435 MARTIN STREET, SUITE 3000 • BLAINE, WA • 98230

PHONE: (360) 332-8311 • FAX: (360) 543-9978 • WEBSITE: [www.cityofblaine.com](http://www.cityofblaine.com)

### IN-HOME CARE PERMIT APPLICATION

PROJECT NAME:		
BUSINESS ADDRESS:		
MAILING ADDRESS (IF DIFFERENT):		
BUSINESS OWNER:	PHONE NUMBER:	EMAIL:
I, the applicant/owner, certify that this application is being made with the full knowledge and consent of all owners of the property in question. I attest that the information provided on this and supplemental application forms and materials is true and accurate. I also agree to provide access and right of entry to City of Blaine employees, representatives or agents for the sole purpose of application review and any required later inspections. This right of entry shall expire when the City (through the Director or designee) concludes the application has complied with all applicable laws and regulations. Access and right of entry to the applicant's property shall be requested and shall occur only during regular business hours.		
PROPERTY OWNER (Print Name):	PROPERTY OWNER'S SIGNATURE:	

Check the box for the appropriate proposed use (see Blaine Municipal Code for full definitions):

- Family Day Care** (12 Children)    
 **Adult Day Care** (6 Adults Part-Time)    
 **Adult Family Care Facility** (4 Adults Full-Time or 6 Adults with DSHS approval)

Are any changes to the exterior of the residence proposed?     Yes      No

Is a sign proposed at the site?     Yes      No

#### IN-HOME CARE PERMIT PROCESS:

- 1a. Applicant will submit In-Home Care Permit Application to the Community Development Services Department at 435 Martin Street, Suite 3000, Blaine, WA 98230,
- 1b. Applicant will also apply for a City of Blaine Business License by going to the Department of Revenue website at [www.bls.dor.wa.gov](http://www.bls.dor.wa.gov),
2. The Community Development Services Department will post a Notice of Application on the City's public notice board and the City website for 10 days,
3. The City issues a decision on the business license and notifies the State. If the City business license is approved, the State can then issue a decision on the State license.
4. If the application is approved by the State, the applicant then must submit a copy of their approved State In Home Care License to the Community Development Services Department, who then issues a final Notice of Decision granting approval to open the In Home Care facility.

**A Notice of Decision for the In-Home Care Permit will not be issued until the CDS Department receives the Washington State License.**

**See Reverse For Additional Instructions**

## **IMPORTANT INFORMATION**

### **ADMINISTRATION (Summarized 17.100.010)**

In Home Care Permits are processed as Type I-ADM decisions. They are approved administratively by the Director and may be appealed pursuant to BMC.17.06.180. In Home Care Permits are granted when the application conforms to the conditions and regulations contained in Blaine Municipal Code 17.100.030

### **STRUCTURAL & OPERATIONAL REQUIREMENTS (Summarized 17.100.030)**

- There shall be no change in the outside appearance of the structure except for an unlighted sign mounted flush on the face of the building.
- There shall be adequate emergency service access and utility services.
- There shall be a minimum of four (4) parking spaces. These can be provided in combination of on-site and on-street parking.
- Outdoor recreation areas shall be screened by solid fence at least four feet high or a solid landscaping screen which has year-round vegetation along all lot lines bordering residential uses.

**Sketch your property layout here, showing buildings, parking, and outdoor recreation areas.**