



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 st 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

435 MARTIN STREET, SUITE 3000 • BLAINE, WA • 98230
PHONE: (360) 332-8311 • FAX: (360)543-9976
www.cityofblaine.com

SEPA Exemption Request

FOR OFFICE USE ONLY	
Application #	
_____	STAMP IN DATE

Project Name: _____

<u>Owner Information</u>	
Name: _____	Address: _____
City: _____	State: ____ Zip: _____
Phone: _____	Email: _____

<u>Project Location</u>
Address or distance to closest street intersection: _____
Parcel Number: _____

General description of the proposed activity: _____

List the specific SEPA exemption you believe applies (See WAC 197-11-800) _____

