



Pre-Application Meeting Package

Pre-Application Meeting Package is for the following permits:

(Please check the permit type that applies to this application)

- | | |
|--|--|
| <input type="checkbox"/> Administrative Approval Permit | <input type="checkbox"/> Conditional Use Permit |
| <input type="checkbox"/> Commercial Building Permit | <input type="checkbox"/> Land Disturbance Permit |
| <input type="checkbox"/> Shoreline Permit (Single Family Residence Exempt) | <input type="checkbox"/> Subdivision Permit |
| <input type="checkbox"/> Variance Permit | |

How do I apply for a Pre-Application?

- 1) Check with the Whatcom County Planning and Development Services (PDS) office to determine whether or not a pre-application meeting is required for your proposal. The purpose of a pre-application meeting is to inform you of any additional studies or costs that may be required as a condition of final approval.
- 2) You may submit your **Pre-Application Meeting** Application and applicable fees to Whatcom County between the hours of 8:30 AM and 4:00 PM on Monday through Friday. Staff will review the application at the counter and accept the application if all necessary items are submitted. You will be notified of the date and time of the pre-application meeting. Meetings are generally held on Tuesday afternoons or Thursday mornings. All fees associated with the Pre-Application Meeting Application will be applied to the cost of the actual application if a complete application is submitted within one year of the Pre-Application Meeting.
- 3) The pre-application meeting will include staff from planning, natural resources, shorelines, the fire marshal, the health department, the county engineer and any other applicable departments.

The **Whatcom County Health Department** will determine if you have an adequate water supply and a proper method of sewage disposal for the proposed use.

The **County Engineer** will determine if the site has an adequate access and will confirm that sight distance is acceptable where driveway easements will enter public roads. The Engineer will also discuss the requirements for traffic, storm-water and drainage control. If your land is adjacent to the right-of-way of a state highway or will depend on access from a state highway, contact the Washington Department of Transportation at 360-757-5975 to discuss your proposal. *Please complete the Preliminary Stormwater Proposal **and** the Traffic & Concurrency Information forms which are available on the [Whatcom County Public Works, Engineering webpage](#).*

Natural Resources staff will evaluate potential impacts to wetlands, frequently flooded and flood hazard areas, geologic hazards areas, critical aquifer recharge areas, and habitat conservation areas (including streams, lakes, ponds, and habitat for designated priority species). A Technical Administrator will determine if one or more of the critical areas assessments is required in order to adequately review the application/proposal. If one or more of these options is required by the Natural Resources staff, please have your qualified critical areas consultant contact the Whatcom County Critical Areas Specialist. This will help to reduce the number of services provided by the critical areas consultant and will ensure that any work done by your critical areas consultant will be the minimum necessary for your project.



Pre-Application Meeting Application

Case # (PDS) _____ Parcel Size _____

Tax Parcel Number(s) _____

Applicant

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Property Owner

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Contact Person

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Surveyor (If Applicable)

Name _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Parcel Information

Project Address _____



Pre-Application Intake Checklist

The following requirements for a fully completed application and any other information must be provided in order to initiate a review for a Determination of Completeness.

| Applicant Checklist | | PDS Checklist |
|--------------------------|---|--------------------------|
| | 1. Written and Other Data and Fees | |
| | <u>Eight (8) sets</u> of the required information (listed below) shall be submitted –unless otherwise indicated. | |
| <input type="checkbox"/> | a) Completed Pre-Application Meeting Application | <input type="checkbox"/> |
| <input type="checkbox"/> | b) <i>Attached</i> Lot of Record Application <i>(If applicable)</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | c) <i>Attached</i> Preliminary Traffic & Concurrency Information form (3 copies) | <input type="checkbox"/> |
| <input type="checkbox"/> | d) <i>Attached</i> Preliminary Stormwater Proposal (3 copies) | <input type="checkbox"/> |
| <input type="checkbox"/> | e) Critical Areas Report -if available (3 copies) | <input type="checkbox"/> |
| <input type="checkbox"/> | f) Intended uses | <input type="checkbox"/> |
| <input type="checkbox"/> | g) List of variances and waivers requested | <input type="checkbox"/> |
| <input type="checkbox"/> | h) General written proposal of water supply and sewage disposal method | <input type="checkbox"/> |
| <input type="checkbox"/> | i) Proposed means of Stormwater control | <input type="checkbox"/> |
| <input type="checkbox"/> | j) Assessor's parcel number (of the parent parcel) | <input type="checkbox"/> |
| <input type="checkbox"/> | k) Existing proposed net and gross lot size(s) to determine minimum lot size and density requirements as required by the Zoning Ordinance | <input type="checkbox"/> |
| <input type="checkbox"/> | l) Completed, signed and notarized Fee Responsibility form | <input type="checkbox"/> |
| <input type="checkbox"/> | m) Completed, signed and notarized Agent Responsibility form (if applicable) | <input type="checkbox"/> |
| <input type="checkbox"/> | n) Fees specified in the Unified Fee Schedule | <input type="checkbox"/> |
| <input type="checkbox"/> | o) If proposed use is residential, indicate whether you would like to declare the lot(s) to be eligible for an accessory dwelling unit (ADU). | <input type="checkbox"/> |
| | 2. Map Data | |
| <input type="checkbox"/> | a) Name of owner(s) | <input type="checkbox"/> |
| <input type="checkbox"/> | b) Name of project | <input type="checkbox"/> |
| <input type="checkbox"/> | c) Approximate locations of existing roads, utilities, and infrastructure | <input type="checkbox"/> |
| <input type="checkbox"/> | d) Vicinity map | <input type="checkbox"/> |

| | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | e) Site Plan with common engineering scale (1" = 100' or larger). Include north arrow and existing and proposed structures. | <input type="checkbox"/> |
| <input type="checkbox"/> | f) Section, township, range and municipal and county lines in the vicinity | <input type="checkbox"/> |
| <input type="checkbox"/> | g) General boundaries of the site with general dimensions shown | <input type="checkbox"/> |
| <input type="checkbox"/> | h) General direction and gradient of slope | <input type="checkbox"/> |
| <input type="checkbox"/> | i) Means of proposed access (including proposed improvements to on-site and off-site roadways) | <input type="checkbox"/> |
| <input type="checkbox"/> | j) Approximate location of existing roads, rights-of-way, buildings, parking, and drainage on-site | <input type="checkbox"/> |
| <input type="checkbox"/> | k) Approximate location of natural features, including bodies of water, regulated watershed boundaries, natural drainage areas, critical areas, , ordinary high water mark (OHWM) and base flood elevation and buffers. | <input type="checkbox"/> |
| <input type="checkbox"/> | l) Approximate location of existing facilities, sanitation and water facilities, easements (where appropriate). | <input type="checkbox"/> |

WHATCOM COUNTY
Planning & Development Services
5280 Northwest Drive,
Bellingham, WA 98226-9097
360-676-6907, TTY 800-833-6384
360-738-2525 Fax



J.E. "Sam" Ryan
Director

Fee Responsibility

Venue and Jurisdiction: The parties hereto recognize and agree that the venue of any action involving their rights or obligations related to this application shall be in Whatcom County, and the parties' rights and obligations hereunder shall be determined, in accordance with the laws of the State of Washington.

Fee Guaranty: Notwithstanding that this application has been submitted in the name of a company, I personally guarantee payment of fees accrued according to the terms listed in the Whatcom County Unified Fee Schedule and that my personal guarantee is part of the consideration for review of the application.

I/we, _____, hereby certify that the above statements and the information contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Owner

Date

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____

Application received by: _____

Date: _____

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Agent Authorization

If you are authorizing an agent to apply for permits on your behalf you must complete this form, which will provide authorization for a designated agent to apply for permits on your behalf. This form is required for the protection of the property owner. Planning and Development Services will not accept an application that is not either signed by all property owners or accompanied by this form.

I/we, _____, the owner(s) of the subject property, understand that by completing this form I hereby authorize _____ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf. I also understand that once an application has been submitted that all future correspondence will be directed to the agent.

Property Owner(s) Signature

Date

Property Owner(s) Printed Name

Date

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____

Application received by _____

Date _____



Lot of Record Application

What is a Lot of Record?

WCC 20.97.220 defines "Lot of Record" as "a lot which is described by final plat, short plat, or metes and bounds and is established pursuant to applicable local and state regulations at the date a legal instrument creating the lot is recorded at the Whatcom County auditor's office."

Note: "Lot of Record" is in no way synonymous with "buildable lot", it just means that it was legally created/subdivided.

Note: A COMPLETE DEED HISTORY and CORRESPONDING MAP must accompany this application. You may obtain a deed history of your property from any local title company. Use an Assessor's parcel map from the PDS office (You will need to know your Section, Township, and Range) to show the parent parcel and subsequent division/creation of your lot. Color-code the map, deeds and deed list. Do this by showing the pre- 1972 parcel as one color and each subsequent division or alteration with a different color, both on the map, on the deeds and on the deed history chronology on page three. Depending on the complexity of the deed history, you may need professional assistance to do this.

File # (PDS will assign) _____ Date _____

Applicant Name _____ Phone _____
 Address _____ City _____
 State _____ Zip _____ Email _____

Contact Name _____ Phone _____
 Address _____ City _____
 State _____ Zip _____ Email _____

Property Owners(s) Name _____ Phone _____
 Address _____ City _____
 State _____ Zip _____ Email _____

Site address (if any) or nearest public road _____

Assessor Tax parcel number(s) _____

Acreage/square footage _____ Current Zoning _____

Current use: Vacant Residential Agriculture Other _____

When was the parcel created in its current configuration? _____
(Check deed history)

Have there been any subsequent boundary line adjustments, vacations, dedications, foreclosures, etc.? Yes No
(If yes, please show on map with corresponding auditor's file numbers)

Is it a platted parcel? Yes No

If yes, name of plat _____

Has the property ever been surveyed? Yes No If so when? _____

(Please include record of survey with application) AF# _____

Does the owner of this parcel own any contiguous property? Yes No
(If yes, please show on map)

Is the parcel located in the Lake Whatcom or Lake Samish watershed, or other water resource protection overlay district? Yes No

Is the parcel subject to any county conditional use permit?

Yes No

If yes, CUP # _____

Is the parcel subject to a Forest Practice Application (FPA) from the State Department of Natural Resources?

Yes No

(If so, please submit a copy of the application with your completed lot of record application)

Is the parcel within 500 feet of an area designated as mineral resource land, and/or within 660 feet of a pipeline, and/or within one-half mile of land that is designated forestry, and/or land upon which agricultural operations are being conducted?

Yes No

(If yes which?) _____

Please list any current county, state, or federal permits affecting the subject property

How many dwelling units (residences) are on the property? _____
(Show on map)

Are there any other structures (barns, shops, sheds, garages, etc.) on the property?

Yes No (If so, show on map)

Water source _____

Sewage disposal method _____



Deed History

List deeds from oldest to most recent.
Color-code your section map, deeds and deed list.

Auditor's File Number (AF#), Grantor and Grantee of Pre-1970 Parent Parcel:

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

AF# of Subsequent Conveyances, Adjustments or Divisions: (You May Need To Include Additional Pages)

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

Auditor's File# _____ Date: _____

Grantor (From) _____ Grantee (To) _____

