Land Use **Review Application**

Community Development Department, 1525 Broadway, P.O. Box 128, Longview, WA 98632
360.442.5086/Fax 360.442.5953

PROPERTY INFORMATION

Project Address:	Suite #	Parcel #:

APPLICANT INFORMATION (info for person signing application)

Applicant/Authorized Agent:	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone:	Cell/Alternate Phone:		

PROJECT PROPERTY OWNER INFORMATION

Property Owner:	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone:	Cell/Alternate Phone:		

TYPE OF PROJECT - Check the type or types of project(s) you are applying for:

- ☐ Preapplication Meeting
- ☐ Short Subdivision
  - ☐ Preliminary Plat Review
  - ☐ Final Short Plat Review
- ☐ Boundary Line Adjustment
- ☐ Variance
- ☐ Binding Site Plan
- ☐ Zoning/Comp Plan Amendment
- ☐ Administrative Determination
- ☐ Small Wind Energy System
- ☐ Other: _____
- ☐ Subdivision (Long Plat)
  - ☐ Preliminary Plat Review
  - ☐ Final Plat Review
- ☐ Planned Unit Development (PUD)
- ☐ Special Property Use
- ☐ Shorelines Permit
- ☐ Accessory Dwelling Unit
- ☐ Annexation (Direct Petition)
- ☐ Cottage Housing
- ☐ Critical Areas Permit
- ☐ SEPA Review

BRIEF **DESCRIPTION OF PROJECT** *(Please use another sheet for more detailed description/narrative)*

Water Provided By: ☐ City of LV ☐ BHSD ☐ Other	Sewage Disposal: ☐ City of LV ☐ BHSD ☐ Septic	
Will any work be done in the public right-of-way?: ☐ YES ☐ NO		# New/added Parking Spaces:

PROJECT INFORMATION

Amount of Cubic Yards of Grading/Filling Associated with Project:		
Existing Amount (sq ft) of Impervious Surface:	New Amount:	Total Amount:

I hereby certify that I have read and examined this application and know the same to be true, accurate and complete under penalty of perjury by the laws of the State of Washington.

APPLICANT SIGNATURE _____ **PRINTED NAME** _____ **DATE** _____