

FOREST PRACTICES SIX-YEAR MORATORIUM WAVING OR LIFTING APPLICATION PROCEDURE

APPLICATION TO WAIVE

WHAT TO SUBMIT:

- ___ Application Fee
- ___ Completed and signed Okanogan County Land Use Application Form
- ___ Copy of the recorded six- year moratorium with associated map
- ___ Site plan consistent with the requirements of OCC 14.12.160

Process: Administrative review. May Waive (remove) the Moratorium from up to two acres for the construction of one single family residence, or outbuildings, or both, and any permits associated with such construction, on a legal parcel or lot.

APPLICATION TO LIFT

WHAT TO SUBMIT:

- ___ Application Fee
- ___ Completed and signed Okanogan County Land Use Application Form
- ___ Copy of the recorded six- year moratorium with associated map
- ___ Site plan consistent with the requirements of OCC 14.12.160 identifying the location of harvest area'(s)
- ___ Completed and signed State Environmental Policy Act (SEPA) Checklist
- ___ Vicinity map of the property location
- ___ Aerial Photograph of the property

Process: The Planning Department shall publish notice of the application in the official county newspaper of general circulation and allow for a public review and comment period of fourteen (14) days. Upon completion of the public review and comment period, the Planning Director or designee shall, within thirty (30) days of the public review period, issue a written decision of approval with any conditions, or denial with reasons for denial.



LAND USE APPLICATION FOR CITIES, COUNTIES AND THE COLVILLE CONFEDERATED TRIBES

(The City/County/Tribes may require that additional application forms be completed)



PROJECT TITLE: _____

Total Fees Paid \$ _____ **Receipt #** _____ **Initials** _____

THIS APPLICATION IS FOR (check one):

<input type="checkbox"/> Building Permit	<input type="checkbox"/> Short Form Development Permit	<input type="checkbox"/> Variance	<input type="checkbox"/> Conditional Use Permit (CUP)	<input type="checkbox"/> Short Subdivision (4 or fewer lots)	<input type="checkbox"/> Subdivision (5 or more lots)
<input type="checkbox"/> Binding Site Plan	<input type="checkbox"/> Petition for Rezone or Code Amendment	<input type="checkbox"/> Planned Development	<input type="checkbox"/> Flood Plain Development Permit	<input type="checkbox"/> Shoreline Development Permit or Exemption	<input type="checkbox"/> Other (specify) _____ _____

APPLICANT INFORMATION:

SURVEYOR OR AGENT INFORMATION:

Name: _____ Name: _____
Mailing Address: _____ Mailing Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone: _____ Phone: _____

NAME AND ADDRESS OF PROPERTY OWNER, IF DIFFERENT FROM APPLICANT ABOVE:

Name: _____ Phone: _____
Address: _____ City/State/Zip: _____

CHECK ONE: Colville Tribal Member (Enrollment number _____) **OR** Non Tribal Member

CHECK ONE: Within the boundaries of the Reservation **OR** Outside the boundaries of the Reservation

TOWNSHIP _____ **RANGE** _____ **SECTION** _____

CHECK ONE: Trust land [allotment number(s)] **101--** _____ **101--** _____
 Fee Land [10 digit parcel number(s)] _____

This property is located within the _____ ZONING DISTRICT

↓FOR OFFICIAL USE ONLY↓

After reviewing all relevant information about this land use application, the reviewing agencies hereby agree that

The Colville Tribes Okanogan County Municipality of _____ will be the permitting agency.

Signature _____ Date _____
Authorized Colville Tribal Representative

Signature _____ Date _____
Authorized County Representative

Signature _____ Date _____
Authorized City Representative

PROJECT INFORMATION:

Brief Description of Proposal (kind of use, size, # of units, method of water supply and sewage disposal, etc.): _____

General Description (miles from nearest town, water body, highway, etc. Vicinity map may be attached): _____

Current Land Use, Comprehensive Plan, Shoreline, Flood and Zoning Designations: _____

Name of Irrigation District: _____

Electrical Service Provider: _____

Name of Water System: _____

Name of Local Telephone Company: _____

Point of Legal Access (existing or proposed): _____

Please attach any other plans, specifications, or information as required by ordinance or guidelines.

Please see specific site plan requirements for Okanogan County applications.

SIGNATURE BLOCK

I am the applicant name on the reverse page and hereby state that the foregoing information, and all information attached hereto, is true to the best of my knowledge.

Signature _____ Date _____



SITE ANALYSIS APPLICATION

Applicants must supply the following information to initiate a site analysis:

- ✓ A site plan map & air photo with project site located on air photo
- ✓ Landowner's signature under disclaimer at the bottom OR Landowner Consent Form must be signed
- ✓ \$75 fee for application fee; \$35 for new address (*) There will be additional fees if a site visit is required

The Physical Address will be verified or assigned when this application is turned into the Planning Dept.

For office use only:
Fee Paid \$ _____ Receipt # _____ Address Verified _____

REQUEST SECTION

I am requesting this analysis for:

A Building Permit Manufactured Home Permit Ag Exempt Building
 Determination of wetland/Floodplain designation Review of Land Use Proposal

*Landowner Name: _____ Phone #: _____ (Daytime)
*Mailing Address _____ (Cell)
Email: _____
*Parcel # (Assessor's 10-digit): _____ Township _____ Range _____ Section _____
*911/Physical Address: _____
General Location: _____
Contractor/Agent Name: _____
Contractor/Agent Phone #: _____

*PROJECT: Home/cabin/Man. Home Garage Garage w/apartment Barn Carport
 Deck Shop Addition Remodel Other _____

*Structure Dimensions: _____ *Structure Height to peak: _____
AG Exempt NO YES Bldg. Official initial _____
Planning will not process a proposed AG Exempt building until a Building Official has reviewed the proposal and initialed this application

*DESCRIBE PROJECT USE: _____

*List existing structures & square footage: _____

Additional information/requests? _____

*Wetland typing and/or delineation will incur actual cost of service (see fee schedule). Mapping, GPS, and/or other special needs will incur actual cost of service. A \$500 deposit will be required for each of these services. The County may require that the applicant contract with an approved/certified specialist to provide required analysis in which case only the review costs associated with the analysis will be assessed (Ordinance #2004-004).

Copy given to GIS for Addressing
Date: _____ Initials: _____

New Address provided to Owner
Date: _____ Initials: _____

SITE PLAN

Name: _____

Parcel #: _____

All Site Plans must include the following: property lines, access points (driveway) from road, proposed structure, any other existing structures, critical areas, and **setbacks** from all property lines. Proposed or existing septic and drain field, and well. This can be drawn on an aerial photograph to better insure location of driveway and building.

↑
North

Optional: Check here if Structure is **Greater Than 100 Feet** from All Property Lines.
Please indicate distance to all shorelines or wetlands.

Disclaimer: This form and review does not vest an application for any type of permit nor is it final approval for any project. **The site analysis findings are valid for a period of 12 months from the date received unless otherwise vested by a building or other development/construction permit.** Changes in federal, state, or local law, code, or rule may invalidate the findings/determinations of this analysis. Final approval will be given only after a complete application is submitted fees are paid and final review by the Building Department, Planning Department, Health District and/or other departments. I understand and acknowledge this disclaimer. To the best of my knowledge, this site plan depicts accurate structure placement, distances, roads, driveways, land features, and other pertinent development information for my proposal.

Signature of Landowner:

***** _____ **Date:** _____
_____ **Date:** _____