

Department of Community Development

801 228th Avenue SE Sammamish, WA 98075-9509

Phone: 425-295-0500 Fax: 425-295-0600

City Hall Hours: 8:30am-5:00pm
Permit Center: 8:30am-4:00pm
Web: www.sammamish.us
www.mybuildingpermit.com

CHAPTER 21A.50 SMC

LAND USE APPLICATION

Public Agency and Utility Exception

A public agency and utility exception is required when the requirements of Chapter 21A.50 Sammamish Municipal Code (SMC) would prohibit an activity or a development proposal by a public agency or utility. This Type 2 land use decision is subject to the review and approval of the Director of Community Development, and is granted upon compliance with the criteria outlined in SMC 21A.50.070(1). The decision of the Director of Community Development is appealable to the Hearing Examiner.

The public agency or utility shall apply to the department and shall make available to the department other related project documents such as permit applications to other agencies, special studies and SEPA documents.

Please provide a Criterion Compliance Document that includes specific written descriptions of how the activity meets the following SMC criteria:

- 1. There is no other reasonable alternative to the activity or proposed development with less impact on the critical area; and
- The activity or development proposal is designed to avoid, minimize, and mitigate the impact on environmentally critical areas consistent with the avoidance and mitigation sequencing requirements in this chapter; and
- 3. If applicable, the proposed development or activity is of a linear nature and is on an existing corridor or connects to public lands, trails, utility corridors, rights-of-way or other public infrastructure, or is required for functional reasons such as gravity flow.

The department shall process exceptions, provide public notice, provide opportunity for the public to request a public hearing, and provide an appeal process consistent with the provisions of Chapter 20.05 SMC.

| Applica | ant Information | | | |
|-------------------|--|---|--|--|
| Name: | | Owner Name (if different): | | |
| E-mail: | | Company (if applicable): | | |
| Address: | | Phone: | | |
| Proper | ty Information | | | |
| Property Address: | | Parcel Number(s): | | |
| Current Zoning: | | Development Name: | | |
| Critica | l Areas on or near property: | | | |
| Requir | red Documents | | | |
| Submi | ttal Instructions | | | |
| • | of this cover sheet, unless otherwise stated A PDF version of all documents is required | ach document is required, including a signed version. at time of submittal, either on a USB drive or CD. File is listed on this form, the name of the applicant, and | | |
| Submi | ttal Documents | | | |
| | Acceptance of Financial Responsibility / Aff | idavit of Applicant Status | | |
| | Alternatives Analysis | · · | | |
| | Boundary, Topographic, and Land Features | Survey | | |
| | | | | |
| | Critical Area Affidavit | | | |
| | Critical Area Study | | | |
| | Draft Easements | | | |
| | Eastside Fire & Rescue Review Sheet | | | |
| | Geotechnical Report | | | |
| | Historic Resources Affidavit | | | |
| | King County Health Department Septic App | roval (if required) | | |
| | Legal Description | | | |
| | Mailing List (Template) and Map | | | |
| | a. Mailing list and map to include all pr | operty owners within 1,000 feet of the subject site | | |
| | (2,000 feet for properties within EHI | NSWB overlay). | | |
| | Mitigation Sequencing Analysis | | | |
| | Plan Set (3 copies) | | | |
| | Pre-Application Conference Notes | | | |
| | Technical Information Report (3 copies) | | | |
| | Project Narrative | | | |
| | Public Works Standards Deviation (if propos | sed) | | |
| | Signed Application Form | | | |
| | Title Report (<30 days old) | | | |

□ Traffic Concurrency Certificate

☐ Water & Sewer Certificates or Septic System Approval

| Type 2 Land Use Application Counter Service Intake Fee | \$256 |
|--|---------|
| Preliminary Review Deposit | \$1,920 |
| Legal Notice Posting | \$295 |
| Legal Notice Publication/Mailing | \$273 |
| Critical Areas Review | \$640 |
| SEPA Determination (if applicable) | \$640 |

The listed fees are initial deposit amounts based on hourly rate. If the initial deposits have been exhausted before the project is completed an additional deposit will be required in the amount estimate by the Community Development Department round to the nearest 10-hour increment.

Signatures

I certify that all of the information submitted in this application including any supplemental information is true and complete to the best of my knowledge and I acknowledge that willful misrepresentation of information will terminate this permit application. I have read this application in its entirety and understand that my submittal will be reviewed for completeness and, if found to be complete, will be processed in accordance with Chapter 20.05 SMC.

| Applicant, Representative, and/or Owner Signature: | Date: |
|--|-------|
| Applicant, Representative, and/or Owner Signature: | Date: |