



City of Shelton  
525 West Cota  
Shelton, WA 98584  
(360) 426-9731

Fee Received \$ \_\_\_\_\_  
Date Received \_\_\_\_\_  
Application Complete \_\_\_\_\_  
Application Incomplete \_\_\_\_\_  
Received By \_\_\_\_\_

**APPLICATION FOR A LAND USE HEARING BEFORE THE HEARING EXAMINER**

ZONE CHANGE \_\_\_\_\_ CONDITIONAL USE \_\_\_\_\_ SPECIAL USE \_\_\_\_\_ VARIANCE \_\_\_\_\_

The applicant must furnish with the application, the names, addresses, lot, block, plat or tax lot DLC designations of all of the property owners within 300 feet of boundaries of the property for specific land use action requested. Please see the attached checklist for application requirements.

The undersigned petitioners are the: Owner \_\_\_\_\_ Purchaser \_\_\_\_\_ Lessee \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
(Name) (Address) (Phone Number)

Authorized Representative (If different from above) \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (Zip) (Phone Number)

Location of Property for which Land Use change is sought:

Legal Description \_\_\_\_\_  
(Attach separate sheet if necessary.) (Lot) (Block) (Addition)

Assessor's Parcel Number(s) \_\_\_\_\_

\_\_\_\_\_ on the \_\_\_\_\_ side of the  
(Street) (Direction)

Street between \_\_\_\_\_ Street and \_\_\_\_\_ Street.

Property has a frontage of \_\_\_\_\_ feet and depth of \_\_\_\_\_ feet.

**REQUEST:**

Applicant requests a land use change on the above described property from a \_\_\_\_\_

zone to a \_\_\_\_\_ zone or conditional use/variance for \_\_\_\_\_

\_\_\_\_\_  
(Explain Why Land Use Change Is Requested). (Use additional sheets if required).

All Land Use correspondence will be directed to the applicant's authorized representative if one is indicated above. The applicant may indicate an alternative primary contact through a written request to the City.

I affirm that all answers, statements and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission from the owner to any and all employees and representatives of the City of Shelton and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City, which apply, to this application.

\_\_\_\_\_  
**SIGNATURE PRINT NAME DATE**