Print Form

PLANNING & DEVELOPMENT SERVICES
1800 Continental Place • Mount Vernon, WA 98273
Inspections (360) 336-9306 • Office (360) 336-9410 • Fax (360) 336-9416

Date Received

Pre-Application Waiver Form

Per SCC 14.06.080(2)

- ❑ Binding Site Plan
- ❑ Bldg Permits Triggering SEPA
- ❑ Fill & Grade Triggering SEPA
- ❑ Forest Practice Waiver – HE
- ❑ Level II, III and IV Applications
- ❑ Long CaRD ❑ Pre ❑ Final
- ❑ Plat or SPU Modification
- ❑ Rezone
- ❑ Shoreline Substantial Use Permit
- ❑ Short CaRD
- ❑ Short Plat
- ❑ Special Use Permit Level II
- ❑ Variance Level II
- ❑ Other

---

1. Parcel ID#: _____ Assessor Tax #:_____ - _____ -_____ -_____

   Parcel ID#: _____ Assessor Tax #:_____ - _____ -_____ -_____

2. Section____ Township____ Range____ Comprehensive Plan/Zoning Designation:_____

3. Site Address:_____

4. Urban Growth Area: ☐ Yes ☐ No If yes, City: _____

5. Please provide a detailed project description:_____

_____

_____

5. Reason for requesting a waiver:_____

_____

_____

(Attach additional information if necessary.)

I, _____ wish to waive the pre-application meeting with the understanding that subsequent delays in the processing of the proposed application may result from the decision to not pursue preliminary staff review. _____ _____
(Applicant Signature) *(Date)*

To Be Completed By Planning and Development Services Staff

Staff notes attached? ☐ Yes ☐ No

Waiver Approved? ☐ Yes ☐ No

_____ _____
(Staff Signature) (Date)