

Department of Executive Services Facilities Management Division Real Estate Services Section 500 Fourth Ave., Suite 830 Mailstop ADM-ES-0830 Seattle, WA 98104-0237 206-296-7456 Fax 206-296-0196

SPECIAL USE PERMIT APPLICATION REQUEST TO USE OR ALTER COUNTY-OWNED PROPERTY

A non-refundable permit application fee of \$500 must be submitted with all applications. The purpose of the fee is to cover the cost of processing the application and is not contingent upon issuance of a permit. If a permit is issued, additional land use and/or inspection fees may be assessed at the time the permit is issued. This application should be mailed to King County Real Estate Services, 500 Fourth Ave, ADM-RES-0830, Seattle, WA 98104. Please make checks payable to King County Office of Finance.

Note to the Applicant: Please complete this application carefully. Your explanations and descriptions must be specific. The information you provide will enable staff to determine the full impact of your request on present or future development, maintenance, facility use, and enjoyment by the public.

In addition to completing this application, you must also submit supporting documentation. This will help facilitate the processing of your application. Examples of the types of information that should be included are: vicinity map, survey, site plans, construction drawings or sketches, or any other information pertinent to your request. The more complete the information you provide, the quicker the application can be processed.

Depending on the type of proposed use, other County, City, State, or Federal agencies may require permits. It is the applicant's responsibility to determine and apply for any other permits, licenses, etc., required to complete the proposed project. You may be asked to provide proof of having obtained other permits before your application will be approved. In certain cases, the Prosecuting Attorney's Office, or the County's legislative authority must concur with the use.

When you have provided the necessary information, County staff will review your application and respond within six weeks of receipt.

APPLICATION FOR SPECIAL USE PERMIT

Applican	t/organizatio	n name:			
Mailing a	ddress:				
City:		Zip:	Telephone: (Day)	(Eve)	
E-mail address:			Fax:		
Agent for	r applicant: _				
Mailing a	ddress:				
City:		Zip:	Telephone: (Day)	(Eve)	
E-mail address:				Fax:	
	•	-	tion (include vicinity map, sl	nowing cross-streets):	
Precise de	escription of p	roposed use/alte	ration (Be specific, attach ad	Range:Kroll Page:ditional pages if necessary)	
-			-	End	
	Public Private Is the proposed use/alteration for public or private purposes?				
☐ Yes	□ No	Is the proposed use/alteration for commercial purposes?			
☐ Yes	□ No	Does the prop	posed use/alteration provide	a mutual benefit for King County?	
If yes, ple	ase explain				
☐ Yes If yes, ple	☐ No ease list permit			eral permit applications pending?	
☐ Yes ☐ No If yes, please explain.		Are there any known sensitive areas, drainage features, erosion problems or unique site conditions in or near the proposed use?			
Signature of Applicant:				Date:	