



MASTER APPLICATION

City of Ferndale Community Development Department
 2095 Main Street/ PO Box 936
 Ferndale, WA 98248 (360) 384-4006
www.cityofferndale.org

● An Appointment is Required to Submit Your Application

PERMIT NUMBER(S)
RECEIVED BY/ DATE

An Appointment is Required to Submit Your Application

Additional information for each specific application type is required. Check with Staff to ensure you have the correct supplemental forms.

CHECK TYPE OF APPLICATION *(check all that apply)*

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Short Plat | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> SEPA | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> General Binding Site Plan | <input type="checkbox"/> Specific Binding Site Plan | <input type="checkbox"/> Final Plat | <input type="checkbox"/> Variance | <input type="checkbox"/> Critical Areas Development |
| <input type="checkbox"/> Rezone | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Planned Unit Development (PUD) | <input type="checkbox"/> Shoreline Permit | <input type="checkbox"/> Critical Areas Variance |
| <input type="checkbox"/> Zoning Code Text | <input type="checkbox"/> Short Plat Variance | <input type="checkbox"/> Plat Variance | <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Other: |

CONTACT INFORMATION

PROPERTY OWNER	<input type="checkbox"/> APPLICANT
Name: _____	
Address: _____	
City: _____ State: _____	
Zip: _____	
Phone: _____ Fax: _____	
Cell: _____ E-mail: _____	
OTHER CONTACT (_____)	<input type="checkbox"/> APPLICANT
Name: _____	
Address: _____	
City: _____ State: _____	
Zip: _____	
Phone: _____ Fax: _____	
Cell: _____ E-mail: _____	
OTHER CONTACT (_____)	<input type="checkbox"/> APPLICANT
Name: _____	
Address: _____	
City: _____ State: _____	
Zip: _____	
Phone: _____ Fax: _____	
Cell: _____ E-mail: _____	

PROPERTY INFORMATION

PROJECT ADDRESS: _____
TAX PARCEL NUMBER(s): _____
LEGAL DESCRIPTION(s): _____
ZONING: _____
LOT AREA (SQ FT): _____

PROJECT INFORMATION

PROJECT NAME: _____
BRIEF PROJECT DESCRIPTION (Type, Size, #Units, Primary Features of Development): _____

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION AND EXHIBITS SUBMITTED HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND, FURTHER, THAT I AM AUTHORIZED BY THE OWNER (SEE OWNER CONSENT FORM) OF THE ABOVE PREMISES TO PERFORM WORK FOR WHICH PERMIT APPLICATION IS MADE.

 APPLICANT SIGNATURE

 DATE



OWNER CONSENT FORM

The legal property owner must complete this form. If you are a legal property owner authorizing an agent to apply for permits on your behalf you must also complete the "Designation of Agent" portion of this form. This form is required for the protection of the property owner. The City will not accept an application that is not accompanied by this form, unless the owner is the applicant. *NOTE: Official correspondence related to the permit application will be sent to the Applicant only.*

STATEMENT OF OWNERSHIP

I/we, the undersigned property owners, under penalty of perjury, state that I/we am/are the legal owner(s) of the property described as follows:

Legal Description: [attach additional sheet(s) as necessary]

Tax Assessor Parcel #(s): _____

DESIGNATION OF AGENT

I/we hereby designate the following party to act as my/our agent with respect to submitting an application with the City of Ferndale.

Name of Designated Agent: _____

AUTHORITY TO ENTER PROPERTY

I UNDERSTAND THAT I AM CONSENTING TO ALLOW THE CITY STAFF INVOLVED IN THIS APPLICATION OR THEIR DESIGNEES TO ENTER ONTO AND INSPECT THE SUBJECT PROPERTY FOR THE SOLE PURPOSE OF MAKING ANY EXAMINATION OF THE PROPERTY, WHICH IS DEEMED NECESSARY BY STAFF TO PROCESS THIS APPLICATION.

OWNER INFORMATION/SIGNATURE

Owner Name (print): _____

Mailing Address: _____

Telephone: _____

OWNER SIGNATURE

DATE