



Fee Paid _____
Date Received _____
Receipt No. _____

Lincoln County Planning & GIS Services **“Conditional Use Application”**

27234 SR 25N Davenport, WA 99122

509.725.7041

Fax 509.725.4467

www.co.lincoln.wa.us

1. GENERAL INFORMATION:

A. Fee: \$500.00 plus advertising costs.

B. Please contact the Public Health Department (509) 725.2501 for their fees and requirements.

C. State Environmental Policy Act (SEPA) Chapter 43.21C and WAC 197-11 compliance is required. Please submit a completed SEPA checklist.

D. Please furnish documentation from the Lincoln County Assessor’s Office listing all property owners of record (name and address) within 300 feet of exterior property boundaries of the proposal.

Applicant/Property Owner _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone(s) _____ E-mail _____
 Physical Address of Proposal _____
 Representative _____ Phone _____

2. LEGAL DESCRIPTION:

Parcel No.(s) _____
 Section(s) _____ Township _____ Range _____

3. PROPERTY USE:

_____ Residential _____ Commercial _____ Agricultural _____ Other (Please Specify) _____

What is the property currently zoned? _____

Is the property taxed as open space, timber or agricultural? _____

If so, please check with the County treasurer (509.725.5061) for more information.

4. DESCRIPTION OF THE PROPOSAL:

5. WATER SUPPLY:

_____ Community Water System
 _____ Drilled Well
 _____ Water Right Secured

6. ROAD ACCESS:

County Road _____ Does an approach exist? _____

If so, when was it installed? _____

State Highway _____ Does an approach exist? _____

If so, when was it installed? _____

Private drive, lane, etc. _____

7. CRITICAL AREAS:

Are there any critical areas on the site (shorelines, creeks, lakes, wetlands and/or slopes over 40%)? _____

The above information is correct to the best of my knowledge.

Signature(s) _____ Date _____

Note: Please draw below or attach a map to the site.

