

## WHATCOM COUNTY

Planning & Development Services  
5280 Northwest Drive,  
Bellingham, WA 98226-9097  
360-778-5900, TTY 800-833-6384  
360-778-5901 Fax



**Mark Personius, AICP**  
Director

## Administrative Use Permit Application

Prior to administrative use permit (ADM) application a pre-application conference is required unless the director or designee grants a written waiver. Please see the **Pre-Application Meeting** application for requirements.

### Administrative Use Permit Processing Sequence

- (1) Complete all applicable application materials and studies and all requirements outlined in the pre-application meeting (if applicable) and contact the planner who attended the meeting to schedule a time for submittal of the ADM application. Applications are accepted digitally via email by sending all application materials to [epermits@co.whatcom.wa.us](mailto:epermits@co.whatcom.wa.us). Once the application has been received a planner will be assigned and you will be contacted with the project number and applicable fees. If you are unable to submit digitally, please call (360) 778-5900 in order to arrange a mail submittal. The application will be considered vested upon receipt of the applicable fees and Determination of Completeness.
- (2) Once the application and fees are submitted, staff will review the project and if all items are submitted, a Determination of Completeness will be issued to the applicant. The application materials will be routed to the **Technical Review Committee** and a **Notice of Application** will be posted at the site and mailed to surrounding property owners.
- (3) After all of the comments have been received from the Technical Review Committee and citizens staff will forward them back to the applicant. If it appears that the basic requirements of consistency with the zoning criteria and comprehensive plan, water supply, sewage disposal, access, and critical areas all appear to be reasonably satisfied, the Technical Review Committee will then complete the **State Environmental Policy Act (SEPA)** review (if applicable).
- (4) If, after the Technical Review Committee meeting, there are still items that need to be addressed by the applicant, the Technical Review Committee will issue a **Notice of Additional Requirements (NOAR)**. The applicant shall have 180 days from issuance of the NOAR to submit requested items.
- (5) After all items have been review and the Technical Review Committee conditions have been received staff will issue an approval of the administrative use.
- (6) Generally, The applicant shall complete construction or, if no construction is contemplated as a part of this permit, shall demonstrate compliance with all of the conditions of this permit within 24 (twenty-four) months of the date of the issuance of this decision. Failure to complete construction or demonstrate compliance shall result in the expiration of this permit.



**Administrative Approval Application  
 Intake Checklist**

Applicant Checklist		PDS Checklist
<input type="checkbox"/>	Completed and signed Administrative Approval Application	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Completed and signed Supplemental Application(s) (if applicable) <ul style="list-style-type: none"> <li>◆ Ag Processing for Rural District</li> <li>◆ Cottage Industry</li> <li>◆ Farm Worker Housing</li> <li>◆ Lot Consolidation Relief</li> <li>◆ Marijuana Processing</li> <li>◆ Permanent Accessory Dwelling Unit</li> <li>◆ Surface Mining</li> <li>◆ Temporary Accessory Dwelling Unit</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Completed, signed and notarized Fee Responsibility form	<input type="checkbox"/>
<input type="checkbox"/>	Completed, signed and notarized Agent Authorization form	<input type="checkbox"/>
<input type="checkbox"/>	Copy of the recorded deed for the property (available from Auditor's office or title company)	<input type="checkbox"/>
<input type="checkbox"/>	Copy of any easement or lease agreement(s)	<input type="checkbox"/>
<input type="checkbox"/>	Written documentation of water and sewage disposal	<input type="checkbox"/>
<input type="checkbox"/>	Site plan, drawn to a scale of one inch equals 20 feet for sites that are less than 5 acres and one inch equals 40 feet for sites of 5 acres or more, which depicts at a minimum all of the following: <ul style="list-style-type: none"> <li>◆ Name and address of property owner</li> <li>◆ Site address and parcel number</li> <li>◆ Property lines, easements, and site dimensions</li> <li>◆ Location, width and length of driveways (show 35 foot turning radius for emergency vehicles)</li> <li>◆ Dimensions of the property drawn to scale</li> <li>◆ Location of any wetlands and critical habitat areas if known</li> <li>◆ Location, setbacks and dimension of <b>all</b> structures on the site</li> <li>◆ Location of septic tank/drain field, and well or utility lines</li> <li>◆ Location and dimensions of all parking areas</li> <li>◆ Names and locations of all public or private roads</li> <li>◆ North Arrow and scale</li> <li>◆ Distance from any structures to the Ordinary High Water Mark (OHWM) of any creeks, streams, rivers or lakes – if applicable</li> <li>◆ Topography: Depict basic elevation features of your property in an appropriate scale.</li> </ul>	<input type="checkbox"/>

Applicant Checklist		PDS Checklist
<input type="checkbox"/>	Detailed floor plan for any new or existing buildings for the proposal including dimensions, uses, ingress and egress, storage areas etc. (Minimum scale: 1/8" = 1") ◆ Depict basic elevations of your property including driveway	<input type="checkbox"/>
<input type="checkbox"/>	Completed and signed Preliminary <a href="#">Traffic &amp; Concurrency Information form</a> (available on Engineering webpage)	<input type="checkbox"/>
<input type="checkbox"/>	Completed and signed <a href="#">Preliminary Stormwater Proposal form</a> (available on Engineering webpage)	<input type="checkbox"/>
<input type="checkbox"/>	Completed and signed <a href="#">SEPA Checklist</a> (if applicable). A SEPA checklist is required if completed LDP indicates 500 cubic yards or more of land disturbance activity	<input type="checkbox"/>
<input type="checkbox"/>	Completed and signed <a href="#">Revocable Encroachment Permit form</a> (available on Engineering webpage)	<input type="checkbox"/>
<input type="checkbox"/>	Applicable Fees – Once the application has been received a planner will be assigned and you will be contacted with the project number and applicable fees. You can pay for your permit by the following options: <ul style="list-style-type: none"> <li>• Credit or Debit Card. Call 360-778-5900 to arrange payment. (there is a 2.35% transaction fee on credit cards, \$1.00 for debit cards.) Please have your permit number ready for the cashier.</li> <li>• Mail a check payable to Whatcom County Planning to 5280 Northwest Drive, Bellingham WA 98226. (please include your permit number on the check)</li> </ul>	<input type="checkbox"/>



## Administrative Approval Application

### Master

Case#(s) \_\_\_\_\_

Project Name: \_\_\_\_\_

#### Applicant

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Property Owner

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Authorized Agent

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Property interest of the applicant  Owner  Purchaser  Lessee  Other \_\_\_\_\_

#### Parcel Information

Tax Parcel Number(s) (APN) \_\_\_\_\_

Site Address \_\_\_\_\_

Parcel size \_\_\_\_\_

Urban Growth Area  Yes  No

Flood Zone  Yes  No

Shorelines  Yes  No

Watershed  Yes  No

Water source  Well  District/Association \_\_\_\_\_

Sewage Disposal  Septic  Sewer \_\_\_\_\_

Cite Specific Whatcom County Code Authorizing Use: \_\_\_\_\_

Supplemental Application

<input type="checkbox"/> <a href="#">Ag Processing for Rural District</a>	<input type="checkbox"/> <a href="#">Marijuana Processing</a>
<input type="checkbox"/> <a href="#">Cottage Industry</a>	<input type="checkbox"/> <a href="#">Permanent Accessory Dwelling Unit</a>
<input type="checkbox"/> Farm Worker Housing	<input type="checkbox"/> Surface Mining
<input type="checkbox"/> Lot Consolidation Relief	<input type="checkbox"/> Temporary Accessory Dwelling Unit

Building Footprint Area (Square feet):

Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Total sq. ft. \_\_\_\_\_

Neighboring Uses:

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

Describe Existing Development on Proposed Site:

Proposal Description (Be specific):

To demonstrate that your proposal complies with the applicable administrative approval use criteria [WCC 22.05.028 and WCC 22.05.026(3)] please answer the following questions as completely as possible.

1. Describe how this proposal is in accordance with the general and specific goals and policies of the Whatcom County Comprehensive Plan and Zoning Ordinance.
  
2. Describe how the proposed development will be designed, constructed, operated, and maintained so as to be harmonious and appropriate in appearance with the existing and intended character of the area.
  
3. If located in a rural area (as designated in the Comprehensive Plan), will be consistent with rural land use policies as designated in the rural lands element of the Comprehensive Plan.
  
4. Describe any activities related to this proposal that may be hazardous or disturbing to existing or future neighboring uses.
  
5. List all essential public facilities including, highways, streets, police and fire protection, drainage structures, refuse disposal, water and sewers and schools that are available to serve this development. Also, list any services which will need to be constructed or improved.
  
6. Describe any public costs for facilities and services that will result from this proposal, and indicate whether or not the proposal will be detrimental to the economic welfare of the community.
  
7. Describe any uses, activities, processes, materials, equipment and conditions of operation that may be detrimental to any person's property, or the general welfare by reasons of excess traffic, noise, smoke, fumes, glare, dust, or odors.

8. Describe how the sites driveway accesses (vehicular approaches) will be designed so as to not create interference with traffic on surrounding streets.

9. Describe any natural, scenic, or historic features of importance located on or near the subject site, including wetlands, shorelines and archaeological finds.

### Proposed Land Disturbance

Any fill, grade or clearing within 300 feet of critical areas requires review and approval from Whatcom County prior to commencing any project work. Any fill or grade in excess of 50 cubic yards requires a land disturbance permit. Answer all questions completely and as accurately as possible.

**The below section does not calculate. Enter each number and complete the calculations.**

<b>FILL</b> The deposit of earth material by artificial means.						
BY FEET	Length (ft)	Width (ft)	Depth (ft)	Volume (ft <sup>3</sup> )	Divided By 27	= Cubic Yard
Septic	X	X	=		/ 27 =	CY
Driveway/Road/Parking	X	X	=		/ 27 =	CY
Building site	X	X	=		/ 27 =	CY
Other	X	X	=		/ 27 =	CY
<b>MATERIAL SOURCE:</b>					<b>TOTAL VOLUME:</b>	<b>CY</b>

**The below section does not calculate. Enter each number and complete the calculations.**

<b>EXCAVATION</b> The mechanical removal of earth materials. Grading is an excavation or filling or combination thereof. Earth material is any rock, natural soil, fill, or any combination thereof.						
BY FEET	Length (ft)	Width (ft)	Depth (ft)	Volume (ft <sup>3</sup> )	Divided By 27	= Cubic Yard
Septic	X	X	=		/ 27 =	CY
Driveway/Road/Parking	X	X	=		/ 27 =	CY
Building site	X	X	=		/ 27 =	CY
Ditching/Trenching	X	X	=		/ 27 =	CY
Other	X	X	=		/ 27 =	CY
<b>MATERIAL DESTINATION:</b>					<b>TOTAL VOLUME:</b>	<b>CY</b>

<b>CLEARING / CONVERSION</b>		Defined as, "the destruction of vegetation by manual, mechanical, or chemical methods resulting in exposed soils."WCC20.97.053					
<b>Required TOTAL AREA TO BE CLEARED and/or GRUBBED, IN ACRES</b>							
<b>AREA OF TREE CLEARING, IN ACRES</b>							
<b>TIMBER USE</b>	<b>Personal Use</b>	<b>%</b>	<b>Sell</b>	<b>%</b>	<b>Burn</b>	<b>%</b>	<b>Give Away</b> <b>%</b>
<b>FPA NUMBER (if applicable)</b>							
If your project includes any tree cutting, a Forest Practices Application / Notification may be required. For questions related to permit requirements, contact the Washington Department of Natural Resources (DNR) at 360-856-3500.							

I/we \_\_\_\_\_ hereby certify that the above statements and the information contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**NOTE: Fees will be assessed in accordance with the Whatcom County Unified Fee Schedule (UFS) in effect at the time of application submittal. Please contact Planning and Development Services to determine project specific fees. Click [here](#) to see the current UFS.**

**Per UFS 2843 all permits and applications are subject to a Technology fee. The fee is calculated on the permit/application fees due.**



### **Fee Responsibility**

Venue and Jurisdiction: The parties hereto recognize and agree that the venue of any action involving their rights or obligations related to this application shall be in Whatcom County, and the parties' rights and obligations hereunder shall be determined, in accordance with the laws of the State of Washington.

Fee Guaranty: Notwithstanding that this application has been submitted in the name of a company, I personally guarantee payment of fees accrued according to the terms listed in the Whatcom County Unified Fee Schedule and that my personal guarantee is part of the consideration for review of the application.

I/we, \_\_\_\_\_, hereby certify that the above statements and the information contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My appointment expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application received by: \_\_\_\_\_

Date: \_\_\_\_\_



### Agent Authorization

If you are authorizing an agent to apply for permits on your behalf you must complete this form, which will provide authorization for a designated agent to apply for permits on your behalf. This form is required for the protection of the property owner. Planning and Development Services will not accept an application that is not either signed by all property owners or accompanied by this form.

I/we, \_\_\_\_\_, the owner(s) of the subject property, understand that by completing this form I hereby authorize \_\_\_\_\_ to act as my agent. I understand that said agent will be authorized to submit applications on my behalf. I also understand that once an application has been submitted that all future correspondence will be directed to the agent.

\_\_\_\_\_  
Property Owner(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner(s) Printed Name

\_\_\_\_\_  
Date

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My appointment expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application received by \_\_\_\_\_

Date \_\_\_\_\_