

# CITY OF GRANGER

102 Main Street • P.O. Box 1100, Granger, WA 98932 • Phone: 509-854-1725 • Fax: 509-854-2103 • Email: tog@televar.com

---

## MASTER APPLICATION FORM

Please fill out and return to the City of Granger, along with the appropriate fee(s). A separate fee is required for each proposal.

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

### TYPE OF REQUEST:

- |   |  |
|---|--|
| <input type="checkbox"/> Amendment (zoning map/text)              | <input type="checkbox"/> Qualified Exemption (short plats, subdivisions)   |
| <input type="checkbox"/> Annexation                               | <input type="checkbox"/> Reconsideration (Subdivision)                     |
| <input type="checkbox"/> Appeal                                   | <input type="checkbox"/> Short Subdivision Approval (up to 9 lots)         |
| <input type="checkbox"/> Conditional Use                          | <input type="checkbox"/> Site Plan Review                                  |
| <input type="checkbox"/> Environmental Review                     | <input type="checkbox"/> Special Permits                                   |
| <input type="checkbox"/> Extension (preliminary plat)             | <input type="checkbox"/> Travel Trailer/Recreational Vehicle/Park Approval |
| <input type="checkbox"/> Preliminary Plat Approval                | <input type="checkbox"/> Vacation (street, right-of-way, etc.)             |
| <input type="checkbox"/> Final Plat Approval                      | <input type="checkbox"/> Variance  |
| <input type="checkbox"/> Mobile Home Inspection (on existing lot) | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Mobile Home Subdivision Approval         |  |

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Name of Applicant's Representative (if different from Applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Status of Applicant:  Owner in fee simple  Contract Purchase  Other, explain

\_\_\_\_\_  
\_\_\_\_\_

Legal Property Owner(s), if different from Applicant:

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

Mailing Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_

Yakima County Assessor's Tax Account (Parcel) Number(s): \_\_\_\_\_

Location of Property (or description of property if vacant): \_\_\_\_\_

\_\_\_\_\_

What is the zone designation of the subject property: \_\_\_\_\_

Briefly summarize your request: \_\_\_\_\_

\_\_\_\_\_

Attach a vicinity map of the subject property (base maps are available from City Hall) indicating location of the property by outlining the site in red pen or pencil. Label the site "Subject Property." Include a legal description. (Use attachment if necessary)

---

---

---

---

---

Describe the existing use of the property and any anticipated change in this use, if request is approved:

---

---

---

What are the zone designations of lands adjacent to the property:

North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

Additional information may be required from the City Clerk, Planning Commission or Council to consider your request. Please refer to the Ordinances that apply to your request for additional requirements. ***The City Clerk cannot accept your application until it is complete.***

I, the undersigned, state that the information herein is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name Date

Filing fees and application accepted by the City Clerk, or Representative of the City of Granger

\_\_\_\_\_  
Name Date

Approval of application by the City Clerk

\_\_\_\_\_  
Name Date

Application Fee: \$ \_\_\_\_\_  
Filing Fee: \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

Paid by: CASH \_\_\_ CK# \_\_\_\_\_ Receipt # \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_