



**CITY of EVERETT  
PLANNING and COMMUNITY DEVELOPMENT**

**NONCONFORMING LOT APPLICATION (REVIEW PROCESS I)**

**Submit the following items listed in the checklist below.** Use this application to propose certification of a nonconforming lot. Nonconforming lots do not conform to any or all of the current lot size, width, or frontage requirements of the zoning code but were legally established under the applicable zoning code requirements in effect at the time the lot was created. Prior to approval of any development on a lot that does not conform to current zoning code standards, the lot must be certified as a nonconforming lot as provided by Everett Municipal Code 19.38.080.

<input type="checkbox"/> <b>Fee</b>	Fee Schedule. Fees are non-refundable and payable by cash, check or credit card upon application.
<input type="checkbox"/> <b>Land Use Application</b>	The <i>Land Use Application</i> must be filled out completely and signed by the owner, applicant, or primary contact.

**Recorded Transaction History**

**For vacant lots**, the applicant must provide a copy of **all** recorded transactions related to the lot from the last transaction that occurred prior to the lot becoming nonconforming (typically 1956) to the most recent transaction. **For lots already built upon**, the applicant must provide only a copy of the latest transaction that occurred prior to the lot becoming nonconforming.

The recorded transactions can include warranty deeds, mortgages, quitclaim deeds, deeds of trust, real estate contracts, or other documents that include a legal description of the lot and ownership. Attach a copy of the transactions and complete the following below:

**1) Chronological Order of Transactions:**

Date: \_\_\_\_\_ Seller/Buyer: \_\_\_\_\_/\_\_\_\_\_

2) Date of Annexation, if applicable: \_\_\_\_\_

<input type="checkbox"/> <b>Assessor's Map</b>	Provide a copy of the portion of the Assessor's Map that shows the property on an 8 ½ x 11 size paper.
<input type="checkbox"/> <b>Submit Application with this checklist either in <u>Person</u> or by <u>Mail</u>. Please <u>Email</u> any documents you may have in a PDF format.</b>	<p><b>By E-mail:</b> Email documents to <a href="mailto:planning@everettwa.gov">planning@everettwa.gov</a> Note the type of application in the subject line. <b>Hard copies are also required to be submitted via in person or by mail.</b></p> <p><b>In Person:</b> City of Everett Public Works Building, Permit Counter 3200 Cedar St 2<sup>nd</sup> Floor, Everett, WA 98201</p> <p><b>By Mail:</b> City of Everett Planning and Community Development 2930 Wetmore Ave Ste. 8-A, Everett, WA 98201</p>



**CITY of EVERETT**  
**PLANNING and COMMUNITY DEVELOPMENT**  
**LAND USE APPLICATION**

**1) Name of Applicant** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt ph \_\_\_\_\_

Email \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

TYPE: \_\_\_\_\_

FILE # \_\_\_\_\_

FEE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_

**2) Primary Contact** (if other than applicant) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt ph \_\_\_\_\_

Email \_\_\_\_\_

**3) Property Owner(s)** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**4) Project Address or Location** \_\_\_\_\_

Tax Parcel No(s) \_\_\_\_\_ Area of Property (acres/sq ft) \_\_\_\_\_

Zoning \_\_\_\_\_ Comprehensive Plan Designation \_\_\_\_\_

**5) Brief Description of Project** \_\_\_\_\_

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

**6) Name of the planner who conducted or waived the Pre-Application meeting** \_\_\_\_\_

**7) Authorization:** I am the owner or am authorized by the owner to sign and submit this application. I grant permission for City staff and agents to enter onto the subject property for the sole purpose of making any inspections of the property which are necessary to process this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete, and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_  Owner  Applicant  Primary Contact

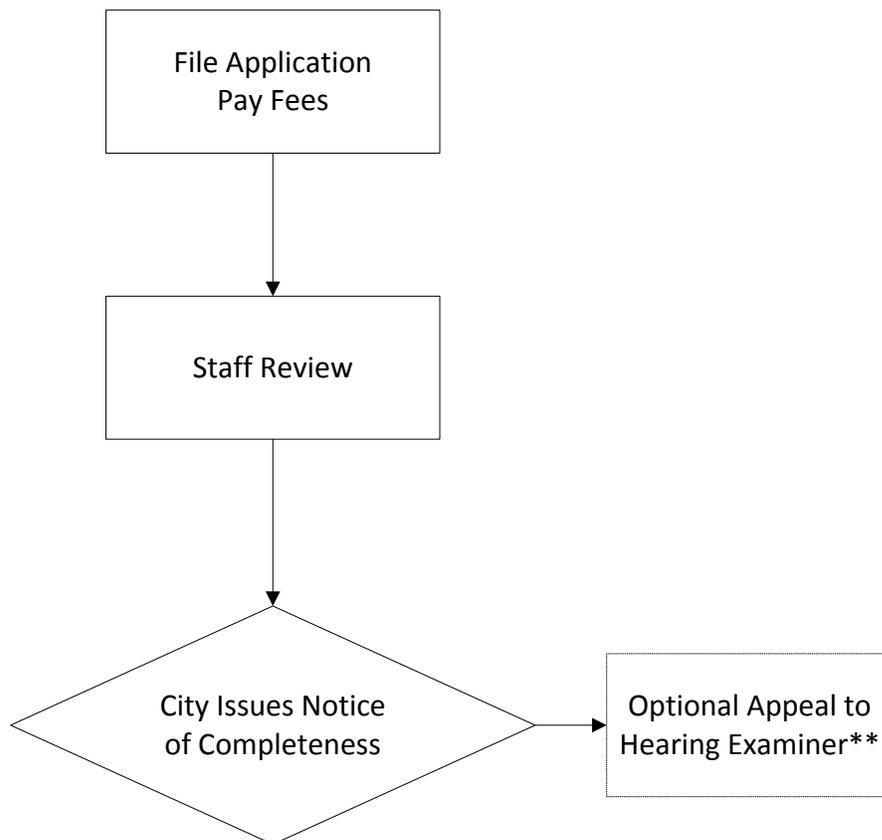
City and State where this application is signed \_\_\_\_\_, \_\_\_\_\_

City

State



## REVIEW PROCESS I FLOW CHART



\*\*Any appeals of the Hearing Examiner decision are to Superior Court.