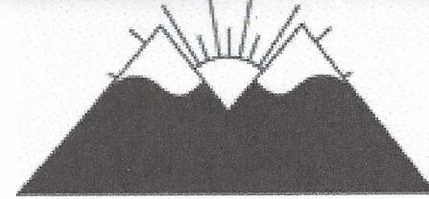


TOWN OF LYMAN

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Lyman, WA. 98263

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LAND USE PERMIT & APPLICATION

SITE ADDRESS

APPLICATION NUMBER

DATE OF APPLICATION

RECEIPT NUMBER

OWNER

OWNER'S AUTHORIZED AGENT

NAME (OR NAME OF BUSINESS)

NAME

MAILING ADDRESS

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

CITY/STATE/ZIP

PHONE NUMBER

CONTACT PERSON FOR PROJECT

DESCRIPTION OF PROJECT

NAME

TELEPHONE NUMBER

LAND USE PERMIT COMPONENTS

APPLIED FOR:

- Lot Boundary Adjustment
- Binding Site Plan
- Short Subdivision
- Establish or Change Use
- Plan Review
- Temporary Uses for more than two weeks
- Shoreline Substantial Development Permit
- Comprehensive Plan Amendment

- Zoning Variance including signs
- Flood Plain Variance and Appeals
- Noise Standards Variance
- Full Subdivision (preliminary plot)
- Zoning Map Amendment (Rezone & Contract Rezones)
- Conditional Use Permit
- Temporary Uses for up to two weeks
- Environmental Review

LAND USE PERMIT COMPONENTS

GRANTED _____

DENIED _____

CONDITIONS OF PERMIT APPROVAL:

WHEN SIGNED AND DATED BELOW, THIS IS YOUR PERMIT

Permission is hereby given to do the above work, according to the conditions hereon and according to the approved plans pertaining thereto, subject to compliance with the ordinances of the Town of Lyman.

Permit Issued By _____
Planning Director Date

By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or am an authorized representative of the owner.

All provisions of laws and ordinances governing this type of work will be complied with including obtaining all required building, street use and related permits.

Signature of Owner or Authorized Agent Date