



TOWN OF LA CONNER
CHANGE OF USE PERMIT APPLICATION
CLASS I

Date of Application _____

File # _____

Site Address _____

Tax Parcel # _____

PROPERTY OWNER:

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

Legal Description of Property _____

Business Location Area (*in square feet*) _____

Zoning Classification:

<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
<input type="checkbox"/> Commercial	<input type="checkbox"/> Public
<input type="checkbox"/> Historic	

Current Use and Occupancy Rating (*see Uniform Building Code*): _____

Proposed Change of Use and Occupancy _____

Adjacent Land Use _____

Will there be any structural changes? _____ (*if yes, a Building Permit is required*)

Approximate Project Cost _____

An incomplete application may delay the processing time for your permit

Property Owner Signature _____ Date _____

OFFICE USE ONLY

Permit fee paid _____ Date _____

Approved
 Denied Reason for denial _____

Planning Director _____ Date _____