



Date Received _____
Fee Paid _____
Receipt No. _____

Lincoln County Land Services "Zoning Variance Application"

27234 SR 25N Davenport, WA 99122 509.725.7911 Fax 509.725.4467 www.co.lincoln.wa.us

GENERAL INFORMATION:

- A. \$750.00 fee
- B. Please submit a completed SEPA checklist.
- C. This application requires a public hearing with the Board of Adjustment (BOA)

Applicant/Property Owner: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone(s): _____ Email: _____
Physical Address of Proposal: _____
City: _____ State: _____ Zip Code: _____
Project Name: _____
Project Representative (if applicable): _____
Surveyor: _____ Phone(s): _____
Engineer (if applicable): _____

LEGAL DESCRIPTION:

Parcel No. (s) _____
Section(s) _____ Township _____ Range _____

PROPERTY USE:

_____ Residential _____ Commercial _____ Agricultural _____ Other (Please Specify) _____
What is the property currently zoned? _____
Is the property taxed as open space, timber or agricultural? _____
If so, please check with the County treasurer for more information.

DESCRIPTION OF THE PROPOSAL AND NEED FOR VARIANCE:

WATER SUPPLY:

_____ Community Water System
_____ Drilled Well
_____ Water Right (please provide details)

ROAD ACCESS: (Please specify name)

County Road _____ Does an approach exist? _____

If so, when was it installed? _____

State Highway _____ Does an approach exist? _____

If so, when was it installed? _____

Private drive, lane, etc. _____

CRITICAL AREAS:

Are there any critical areas on the site (shorelines, creeks, lakes, wetlands and/or slopes over 40%)? _____

The above information is correct to the best of my knowledge.

Signature(s) _____ Date _____

Note: Please draw below or attach a map to the site. Also, please attach a site plan map showing all existing and proposed structures and requested variance.

