



Special Use Permit

A Special Use Permit is a Type 3 land use decision subject to a hearing and decision by the Hearing Examiner. Certain regional land uses of property are allowed under Sammamish Municipal Code (SMC) 21A only through the Special Use permitting process.

Please provide a Criterion Compliance Document that includes specific written descriptions of how the proposed use of the property meets the following criteria from SMC 21A.110.050:

1. The characteristics of the special use will not be unreasonably incompatible with the types of uses permitted in surrounding areas;
2. The special use will not materially endanger the health, safety and welfare of the community;
3. The special use is such that pedestrian and vehicular traffic associated with the use will not be hazardous or conflict with existing and anticipated traffic in the neighborhood;
4. The special use will be supported by adequate public facilities or services and will not adversely affect public services to the surrounding area or conditions can be established to mitigate adverse impacts;
5. The location, size, and height of buildings, structures, walls and fences, and screening vegetation for the special use shall not hinder or discourage the appropriate development or use of neighboring properties; and
6. The special use is not in conflict with the policies of the Comprehensive Plan or the basic purposes of SMC Title 21A.

Applicant Information

Name: _____ Owner Name (if different): _____
E-mail: _____ Company (if applicable): _____
Address: _____ Phone: _____

Property Information

Property Address: _____ Parcel Number(s): _____
Total Square Feet: _____ Development Name: _____
Current Zoning: _____
Critical Areas on or near property: _____

Required Documents

Submittal Instructions

- If applying in person, applicants must [schedule an intake appointment](#).
- If applying in person, one paper copy of each document is required, including a signed version of this cover sheet, unless otherwise stated.
- A PDF version of all documents is required at time of submittal, either on a USB drive or CD. File names must contain the document type as listed on this form, the name of the applicant, and the submittal date. For example: *Project_Narrative_Smith_01-18-2018*.

Submittal Documents

- [Acceptance of Financial Responsibility / Affidavit of Applicant Status](#)
- Boundary, Topographic, and Land Features Survey
- Criterion Compliance Document (see page 1 for requirements)
- Critical Area Affidavit
- Critical Area Study (if applicable)
- [Eastside Fire & Rescue Review Sheet](#)
- Geotechnical Report (if applicable)
- [Historic Resources Affidavit](#)
- King County Health Department Septic Approval (if required)
- Legal Description
- Mailing List ([Template](#)) and [Map](#)
 - a. Mailing list and map to include all property owners within 1,000 feet of the subject site (2,000 feet for properties within EHNSWB overlay).
- Plan Set
- Pre-Application Conference Notes
- Preliminary Technical Information Report (3 copies)
- Project Narrative
- Public Works Standards Deviation (if proposed)
- [SEPA Environmental Checklist](#) (if applicable)
- Signed Application Form
- Title Report (<30 days old)
- [Traffic Concurrency Certificate](#)

- Traffic Impact Analysis Report (Required for any development proposal that generates 10 or more new vehicle trips during the AM or PM peak hour; may also be required for unique projects that may not generate 10 AM or PM peak hour trips. Refer to the Public Works Standards for requirements.)
- Water & Sewer Certificates or Septic System Approval

Fees

Type 3 Land Use Application Counter Service Intake Fee	\$396
Preliminary Review Deposit	\$7,260
Legal Notice Posting	\$315
Legal Notice Publication/Mailing	\$569
Critical Areas Review (if applicable)	\$660
SEPA Determination (if required)	\$660

The listed fees are initial deposit amounts based on hourly rate. If the initial deposits have been exhausted before the project is completed an additional deposit will be required in the amount estimate by the Community Development Department round to the nearest 10-hour increment.

Signatures

I certify that all of the information submitted in this application including any supplemental information is true and complete to the best of my knowledge and I acknowledge that willful misrepresentation of information will terminate this permit application. I have read this application in its entirety and understand that my submittal will be reviewed for completeness and, if found to be complete, will be processed in accordance with Chapter 20.05 SMC.

Applicant, Representative, and/or Owner Signature:

Date:

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Date: