



# VARIANCE APPLICATION

Town of Coupeville  
4 NE Seventh Street/ PO Box 725  
Coupeville, WA 98239

Phone 360.678-4461  
<http://www.townofcoupeville.org>

OWNER

PHONE

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

APPLICANT (CONTACT)

PHONE

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

AGENCY

PHONE

ADDRESS

ASSESSOR'S PARCEL NUMBER(s): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZONING: \_\_\_\_\_

LEGAL DESCRIPTION (attach separate sheet if desired): \_\_\_\_\_

AUTHORIZATION: I am the owner of the property and authorize submittal of this application. I grant permission for Town staff and agents to enter onto the subject property for the sole purpose of making any inspections of the property that 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.

OWNER'S SIGNATURE AND PRINTED NAME

DATE

Town file number: \_\_\_\_\_

Received: \_\_\_\_\_

Fee: \_\_\_\_\_ Date paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

## SUBMITTAL CHECKLIST

Applicant  
check

Staff  
check

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Legal description of property   |
| <input type="checkbox"/> | <input type="checkbox"/> | Narrative statement citing the specific code sections and standards from which the variance is requested, the degree of variance requested (i.e., feet of reduction in a required setback), and stating why the variance is necessary for the proposal, i.e., how the proposal would be affected if the variance cannot be granted. Describe how the proposed variance complies with the required findings in CTC 16.14.020B. These findings are provided below.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Two sets of mailing address label sheets containing the tax parcel numbers, names and mailing addresses of property owners within a 300-foot radius of the site together with an Island County Assessor's quarter section map(s) showing these parcels and an affidavit attesting to the date, origin, and completeness of the data.  |
| <input type="checkbox"/> | <input type="checkbox"/> | A scaled site plan drawn at 1"= 20' or 1"=40' that shall include: <ul style="list-style-type: none"><li>• North arrow and date of preparation</li><li>• Lot lines of all lots of record within the site and site boundary dimensions. Where the location of a property lines cannot be determined for the purposes of confirming compliance with development regulations, a boundary survey may be required.</li></ul>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"><li>• All structures, significant trees, easements, and adjacent streets</li><li>• Dimensions for all lots and current and proposed structures, setbacks, and any details necessary to understand the proposed variance.</li><li>• Critical areas and required buffers, if any. If present, critical area information required in Chapter 16.34 CTC shall be provided in the submittal.</li><li>• Location and extent of requested variance</li></ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other information necessary to describe or make findings of compliance with applicable code sections  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fee in accordance with the current adopted fee schedule   |