



# COMMUNITY DEVELOPMENT

806 West Main Street, Monroe, WA 98272  
Phone (360) 794-7400 Fax (360) 794-4007  
[www.monroewa.gov](http://www.monroewa.gov)

FOR OFFICE USE ONLY

PERMIT #(s) 3527

---



---

RECEIVED

NOV 01 2016

COMMUNITY DEVELOPMENT

## COMBINED PERMIT APPLICATION

### PERMIT SUBMITTAL HOURS

MONDAY - FRIDAY 8:00 - 12:00 / 1:00 - 5:00

Building	Operations	Fire	Land Use
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Accessory Dwelling Unit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input checked="" type="checkbox"/> Conditional/Special Use
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Land Clearing/Forest Practices
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Rockery	<input type="checkbox"/> Operational	<input type="checkbox"/> Planned Residential Development
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Shoreline Permit
<input type="checkbox"/> Racking	<input type="checkbox"/> Special Flood Hazard Area	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Residential Remodel	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	<input type="checkbox"/> Subdivision/Plat
<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____		<input type="checkbox"/> Variance
<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____

NOTE: All required Electrical Permits will be issued by the Dept. of Labor & Industries.

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS**

Site Address or Property Location: 11446 146<sup>th</sup> St SE Monroe WA

Size of site (acre/square feet): 1.5 acres (67,250 SF)

Assessor's Tax Parcel Number (14 digits): 00865400001802

Applicant: Hootenanny LLC dba Camp Saw Wood Phone # (202) 890-6579

\*Signature: Sheri Mahan-Hunter Printed Name: Sheri Mahan-Hunter

Mailing Address: 11629 49<sup>th</sup> Ave SE Fax # ( ) \_\_\_\_\_

City Everett State WA Zip 98202 E-mail Sheri.mahana@yahoo.com

Property Owner: RUDEEN Business Park Lots C & D, LLC Phone # (509) 892-5114

\*\*Signature: [Signature] Printed Name: Karin Ruden, General Manager

Mailing Address: 695 N Legacy Ridge Dr Ste 301 Fax # (509) 892-1490

City Liberty Lake State WA Zip 99019 E-mail KKappen@vdcendev.com

Attach a separate sheet for additional property owners/additional addresses

\*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

\*\*Property Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.

#1775

**City of Monroe**  
**Land Use Permit Application- Page 2**



Give a detailed description below of the proposal / work. Provide details specific to your application e.g., current and proposed lot sizes, number of lots, description of driveway, description of proposed business including hours of operation, number of employees, existing and proposed parking spaces.

**Forest Tax Reporting Account Number** (if harvesting timber call the Department of Revenue at (800) 548-8829 for tax reporting information or to receive a tax number):

**Detailed Description of work:**

Request for a conditional use permit to allow for a dog daycare and boarding within the industrial zone.

**FOR OFFICE USE ONLY**

Planning Application Fee: _____	Publication Fee: _____
Fire Plan Check Fee: _____	Mailing Fee: _____
SEPA Fee: _____	Technology Fee: _____
<b>TOTAL FEES:</b> _____	