



TOWN OF LYMAN
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LAND USE PERMIT & APPLICATION

SITE ADDRESS

APPLICATION NUMBER

DATE OF APPLICATION

RECEIPT NUMBER

OWNER

OWNER'S AUTHORIZED AGENT

NAME (OR NAME OF BUSINESS)

NAME

MAILING ADDRESS

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

CITY/STATE/ZIP

PHONE NUMBER

CONTACT PERSON FOR PROJECT

DESCRIPTION OF PROJECT

NAME

TELEPHONE NUMBER

LAND USE PERMIT COMPONENTS

APPLIED FOR:

Lot Boundary Adjustment
Binding Site Plan
Short Subdivision
Establish or Change Use
Plan Review
Temporary Uses for more than two weeks Shoreline
Substantial Development Permit Comprehensive
Plan Amendment

Zoning Variance including signs Flood
Plain Variance and Appeals
Noise Standards Variance
Full Subdivision (preliminary plot)
Zoning Map Amendment (Rezone & Contract Rezones)
Conditional Use Permit
Temporary Uses for up to two weeks
Environmental Review

|| LAND USE PERMIT COMPONENTS

GRANTED _____

DENIED _____ ||

CONDITIONS OF PERMIT APPROVAL: _____

WHEN SIGNED AND DATED BELOW, THIS IS YOUR PERMIT

Permission is hereby given to do the above work, according to the conditions hereon and according to the approved plans pertaining thereto, subject to compliance with the ordinances of the Town of Lyman.

Permit Issued By _____

Planning Director

Date

By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or am an authorized representative of the owner.

All provisions of laws and ordinances governing this type of work will be complied with including obtaining all required building, street use and related permits.

Signature of Owner or Authorized Agent

Date