



CITY OF
BRIER
ESTD 1965

ZONING VARIANCE

File No./Name: _____

Site Address: _____

An application for a **Variance** is complete when it is accompanied by the following items. Additional information may be required. No application shall be considered complete if any of the required information is missing. Only the property owner may apply for a Variance.

Applications are subject to a public hearing with the Planning Commission. Upon completion of the public hearing, the Commission will make a recommendation to City Council. The Council will approve, approve with conditions, or deny the application. Unless a different time period is specified by the Council, the Variance must be acted upon by the owner within three (3) years from the date of approval or the Variance will expire. Complete information can be obtained Section 17.36.050 of the Brier Municipal Code.

Site Address(es):

Assessor Parcel Number(s) – (APNs):

Zoning:		Comp. Plan Designation:	
Applicant:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Contact Person , if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Property Owner(s) , if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Description of Proposal:			



I certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my knowledge. I understand that this application does not constitute approval of permits and/or work to be performed. I certify that I am or represent the owner and am acting with the owner's full knowledge and consent. I further understand that...

Initials

_____ This application applies only to the property for which it is approved and is non-transferable.

_____ Approval of an application does not in any way replace, modify or waive any requirement for the compliance of the proposal with other applicable standards or regulations. It is the responsibility of the owner / applicant to become aware of the requirements of the BMC. The approval of any plans does not guarantee that all provisions of applicable codes have been met.

_____ The burden of proof rests with the applicant.

_____ An application may be amended only in writing.

_____ Submittal of this application grants the appropriate city officials the right of entry to the project site during reasonable hours.

_____ Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.

_____ It is the applicant's responsibility to request required inspections a minimum of twenty four (24) hours in advance at (425) 755-5440.

_____ By submitting this application, I consent to pay any fees incurred for engineering or outside consultant review.

Signature of Owner/Agent: _____ Date: _____

Please Print Name: _____

[illegible]



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AFFIDAVIT OF OWNERSHIP

File No./Name: _____

Site Address: _____

Property Owner: _____

Contact Address: _____

Phone: _____

Any person with a verifiable interest in the subject property must complete this form. If the above property owner has an express interest in additional parcels involved in the listed project than there is space provided for below, those parcel numbers and associated legal descriptions must be provided on further copies of this form. Full legal descriptions may be attached separately.

Site Address: _____

APN: _____

Legal Description: _____

Site Address: _____

APN: _____

Legal Description: _____

Site Address: _____

APN: _____

Legal Description: _____

AFFIDAVIT OF OWNERSHIP – To Be Completed in the Presence of a Notary Public

I, _____, being duly sworn, depose and say that I am the owner of record of that certain real property identified as Snohomish County Parcel Number(s) _____, and that the information provided in this application, including all submittals and attachments, is true and correct to the best of my knowledge.

Signature of Owner: _____

Date: _____

Please Print Name: _____

STATE OF _____)

COUNTY OF _____)

) ss.

I certify that I know or have satisfactory evidence that

_____ is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____.

NAME (print): _____

NAME (sign): _____

Notary Public in and for the State of _____

Commission Expires: _____



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INSTRUCTIONS FOR OBTAINING PROPERTY OWNERSHIP

Instructions for Applicants

Please read and follow all instructions on your application carefully. Most applications require notification of surrounding property owners in order to provide citizens the opportunity to review and comment on applications that may impact them. If you have any questions about the process or your project, it is strongly recommended that you speak with staff prior to submitting your application to help ensure that processing can advance in a timely manner.

1. Contact the Snohomish County Assessor's Office:

In Person: 3000 Rockefeller Ave
1st Floor Administration East
Everett, WA 98201

By Phone: (425) 388-3433

Email: contact.assessor@snoco.org

* Note: The wait time varies by request type. Requests made in person will take approximately 30 minutes from the time of the request, and requests made by phone or email will take approximately 2-3 business days.

2. Request the property owner information for parcels within 300 feet of the subject parcel(s). You will need to provide both the parcel number(s) and the address(es).

3. The Assessor's Office can provide the information in two formats:

Option A: Hard Copy Labels, Address List, Map

* Note: Requests which generate a large number of label sheets may incur a charge.

Option B: Excel Database, Map

- Generate label sheet(s) using the Excel database.

4. Copy the label sheet(s).
5. Using the label sheet(s), create stamped and addressed legal-sized envelopes with no return address.
6. Submit the address list, map, envelopes and copy of the label sheet(s) with your application.