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Date Received _____
File No. _____

**Pend Oreille County Planning Dept.  
"Special Use Permit Application"**

P.O. Box 5066, 625 West 4<sup>th</sup> Street Newport, WA 99156 509-447-4821 Fax 509-447-5890  
<http://www.pendoreilleco.org>

**1. General Information:**

Note: State Environmental Policy Act (SEPA) RCW 43.21C and WAC 197-11 compliance is required. A completed SEPA checklist may be required for this proposal.

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Physical Address of Proposal \_\_\_\_\_

Applicant/Representative \_\_\_\_\_ Phone(s) \_\_\_\_\_

**2. Property Description:**

Parcel No.(s) \_\_\_\_\_

Property Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Description of Proposed Special Use: (attach additional information as necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Duration of Proposed Special Use:**

Beginning Date \_\_\_\_\_, Ending Date \_\_\_\_\_

The above information is correct to the best of my knowledge.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

*The Planning Director may establish such additional conditions as may be deemed necessary to ensure land use compatibility and to minimize potential impacts on nearby uses.*