# LAND USE ZONING & PERMIT APPLICATION
## CITY OF PROSSER, WASHINGTON

**APPLICANT'S NAME** Kym Van Dyke (Love's Travel Stops & Country Stores, Inc.)

**PROJECT NAME** Love's Travel Stop

**PARCEL INFORMATION** (Include all parcel(s) information. Attach additional sheets, if necessary.)

Project Address: _____
(Leave blank if not assigned)

Parcel Number (Property Tax Account Number): 134944000002001

Legal Description: A Portion of SEC. 34, T 9N., R 24E., W.M.

**PROPERTY OWNER INFORMATION**

Name: Merlot Square LLC

Address: 1191 Plateau Dr. City: Richland State: WA Zip: 99352

Phone: _____ Cell Phone: 509-539-6940

Email: _____ (email will not be used for transmittal of official findings)

**OWNERS AUTHORIZED AGENT:** Brandon Johnson, PE (SCJ Alliance)

Address: 8730 Tallon Lane NE City: Lacey State: WA Zip: 98516

Phone: 360-352-1465 Cell Phone: _____

Email: brandonj@scjalliance.com (email will not be used for transmittal of official findings)

**PROJECT INFORMATION**

- ☑ Site Review
- ☐ Annexation
- ☐ Change of Zone
- ☐ Accessory Dwelling Unit
- ☐ Overlay Zone
- ☐ Right-of-Way Use Permit
- ☐ Other
- ☐ Conditional Use **(requires Conditional Use form LUA-S1)**
- ☐ Variance **(requires Variance request form LUA-S2)**
- ☐ Similar Use
- ☐ Encroachment
- ☐ Adult Family Home
- ☐ Continuation and/or Minor Alteration of Non-Conforming Use
- ☑ SEPA

**PROJECT DESCRIPTION** Proposed development of the 14.91 Acre Site on the South side of Wine Country Road. Project will include a new Country Store with drive through restaurant, Truck Tire Shop, fueling stations and a 3-story Inn and Suites hotel which will host 83 rooms. Site Improvements include new water and sewer utilities and a new storm water collection system which will be conveyed onsite to the proposed storm water ponds.

## PLEASE ATTACH THE REQUIRED VICINITY MAP

**ESTIMATED PROJECT VALUATION:** $ T.B.D.

**CONTRACTOR INFORMATION**

Company Name: T.B.D. Email: _____

Contact Person: _____ Contact Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor's Registration No.: _____ Expiration Date: _____

I, the undersigned, do hereby certify that, to the best of my knowledge, the information on this application and other submitted information is true and correct. In addition, I understand that acceptance of this application and fees does not constitute submittal of a valid application until so informed by the City. I have attached, enclosed, or submitted the applicable fees for this application.

[signature] 7/27/15 [signature] Menzer 7/28/15

Applicant Signature Date Owner Signature Date

If the property owner is other than an individual such as a corporation, partnership or agency, please provide proof of signatory authorization.

**SITE REVIEW**

**Application must include the following.**

1. Critical Areas Worksheet
2. Proof of Legal Lot
3. Proof of ownership or authority
4. 25 year Storm Water Calculations stamped by an engineer
5. Site Plan Drawing which shows….
   - ☑ All existing and proposed lot lines.
   - ☑ The location of all existing structures to remain and the location of all proposed structures.
   - ☑ The location of all utilities proposed to be used.
   - ☑ The proposed number and location of water meters.
   - ☑ The location of all solid waste receptacle areas.
   - ☑ The method of handling storm water removal.
   - ☑ All easements and right-of-ways.
   - ☑ All off-street parking and loading areas.
   - ☑ All driveway locations.
   - ☑ All landscaping, outdoor lighting and fencing..
   - ☑ A north arrow.
   - ☑ Scale of drawing

Deposits are required at the time an application is submitted. You will still get a monthly bill for actual costs incurred. Your deposit will not be refunded until the project has closed.

| | |
|---|---|
| SITE REVIEW | $500.00 Deposit |
| VARIANCE | $500.00 Deposit |
| SITE REVIEW | $500.00 Deposit |
| SEPA | $500.00 Deposit |
| ANNEXATION | $500.00 Deposit |
| ZONE CHANGE | $1000.00 Deposit |
| CONDITIONAL USE | $500.00 Deposit |

**CITY USE ONLY**

RECIEVED BY _____ DATE _____

APPROVED BY _____ DATE _____

RETURNED BY _____ DATE _____

REASON FOR APPLICATION RETURN _____