



Permit Center

210 Lottie Street, Bellingham, WA 98225
Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382
Email: permits@cob.org Web: www.cob.org/permits

Land Use Application

Check all permits you are applying for in the boxes provided. Submit this application form, the applicable materials listed in the corresponding permit application packet(s) and application fee payment.

Grid of permit checkboxes including: Accessory Dwelling Unit, Binding Site Plan, Clearing Permit, Conditional Use Permit, Critical Area Permit, Design Review, etc.

Project Information

Project Address 4413 Consolidation Ave Zip Code 98229
Tax Assessor Parcel Number (s) 380332 172175 0000
Project Description 136 unit multi family project.
Applicant requests Type III-A permit process.

Applicant / Agent

Name Morgan L Bartlett, Jr.
Mailing Address 424 W. Bakerview Suite 109
City Bellingham State WA Zip Code 98226
Phone 360.527.2777 Email morgan@madronabayllc.com

Owner (s) [] Applicant [] Primary Contact for Applicant

Name
Mailing Address
City State Zip Code
Phone Email

Property Owner(s)

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I grant permission for the City staff and agents to enter onto the subject property at any reasonable time to consider the merits of the application and post public notice.

I also acknowledge that by signing this application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

Signature by Owner/Applicant/Agent [Signature] Date 5/17/19
City and State where this application is signed: Bellingham WA