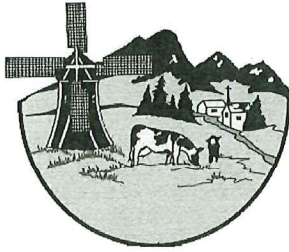


DSV #
20-01



City of Lynden

Development Standards Variance Application

RECEIVED

DEC 10 2020

City of Lynden
Planning Department

Property Owner

Name: SKYVIEW TOWN HOMES
Address: 1709 KOK RD. LYNDEN WA 98264
Telephone Number: 360-739-0869 Fax Number: _____
E-mail Address: MIKE KOOY@WINDERMERE.COM

Applicant (Agent, Land Surveyor or Engineer)

Name: MIKE KOOY
Address: 1709 KOK RD. LYNDEN WA 98264
Telephone Number: 360-739-0869 Fax Number: _____
E-mail Address: MIKE KOOY@WINDERMERE.COM

Who is the primary contact for this project? This person will receive all official correspondence for the project. Property owner ☐ Applicant ☒

Property Information

Project Location (street address / block range): 1573 E. BADGER RD.

Variance Request:

Section of the Municipal Code or Engineering Design and Development

Standards to be varied: ENGINEERING DESIGN & DEV. STDS, DIV 4, STREET DESIGN STANDARDS, ACCESS ST. MIN. STDS AND LMC 18.14.030 REGARDING ROW REQUIREMENTS.

Identify Desired Result: WE WOULD LIKE TO MATCH THE STREET DESIGN TO THE EAST WHICH WE ARE TIEING INTO. THIS REQUIRES BUILDING A PUBLIC ACCESS STREET TO PRIVATE MINIMUM STANDARDS.

☒ **DSV Criteria must be attached**

By signing this application, I certify that all the information submitted is true and correct. I also understand that no final approval will be issued until all final review costs are paid in full.

Applicant's Signature: [Signature] Date: 12/9/20

☐ Pre-application meeting date: _____ Hearing date: _____

(Applications will not be accepted without a pre-application meeting)

☐ Fee's (DSV \$300.00 Base Fee or Final Review Cost) Date paid: _____ Receipt # _____

1-1034

300.00 received
Need 50.00 more