



## CONDITIONAL USE PERMIT INFORMATION

### WHAT IS A CONDITIONAL USE?

A conditional use is a land use requiring special review to ensure its compatibility with existing uses in the same zone. There are two types of uses on a parcel of land; permitted uses which are appropriate uses to the location and are allowed outright on a parcel, and conditional uses which can be appropriate in the right locations but must be reviewed and approved with conditions of operation by a quasi-judicial Hearings Examiner. The Hearings Examiner will review the location and design of certain proposed uses, the configuration of improvements, and the potential impacts on the surrounding area to ensure that development within each zoning district protects the integrity of that district.

### THE PROCESS

A Conditional Use Permit normally involves having a pre-application meeting with County Planning Staff to discuss the application, answer questions, and resolve any issues at the front end of the process. Next, a completed Conditional Use Permit application is submitted to the Planning Department, which will be sent out for review to local and State agencies, as well as neighboring property owners within 300 feet of the subject property.

A notice of application will then be published in the local newspaper and a public hearing will be conducted at which time the application will be heard by the Benton County Hearings Examiner and the public will have the opportunity to comment on the proposal. The Hearings Examiner will review all the information submitted during the review process and shall either approve, approve with conditions, or deny the conditional use permit.

### CRITERIA FOR APPROVAL

A conditional use permit shall be granted only if it can be concluded that, as conditioned, the proposed use:

1. Is compatible with other uses in the surrounding area or is no more incompatible than any other outright permitted uses in the applicable zoning district;
2. Will not materially endanger the health, safety, and welfare of the surrounding community to an extent greater than that associated with any other permitted uses in the applicable zoning district;
3. Would not cause the pedestrian and vehicular traffic associated with the use to conflict with existing and anticipated traffic in the neighborhood to an extent greater than that associated with any other permitted uses in the applicable zoning district;
4. Will be supported by adequate service facilities and would not adversely affect public services to the surrounding area; and
5. Would not hinder or discourage the development of permitted uses on neighboring properties in the applicable zoning district as a result of the location, size or height of the buildings, structures, walls, or required fences or screening vegetation to a greater extent than other permitted uses in the applicable zoning district.

### APPEALS

There are no administrative appeals on applications for Conditional Use Permits. Judicial appeals of the Hearings Examiner's decision may be made in accordance with state law.

### EXPIRATION

The Conditional Use Permit will be valid as long as the conditions set forth by the Hearings Examiner are met.



## CONDITIONAL USE PERMIT CHECKLIST

Applicant    Staff

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Completed Conditional Use Permit Application</b> – must include signatures of all parties with ownership interest. Incomplete applications will not be accepted.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Site Plan Map</b> – A detailed map drawn to scale showing the dimensions of the property, location and size of all existing and proposed structures, access to the site, adjacent roads, well, septic system, easements, and parking areas. <i>No site plans larger than 11" x 17" and only maps drawn in <b>black ink</b> will be accepted.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>\$700.00 Conditional Use Permit Fee</b> – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the <b>Benton County Treasurer</b> . All application fees are non-refundable.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>\$300.00 Environmental Checklist Fee</b> ( <i>if required</i> ) – Environmental Checklist application must be submitted concurrently with the Conditional Use Permit Application. Please contact the Planning Department for assistance in determining if your proposal requires an Environmental Checklist.                                     |

Applications may be submitted between the hours of 8am-12pm and 1pm-5pm Monday through Friday to the Planning Department at 1002 Dudley Ave./PO Box 910, Prosser, WA 99350 or to the Benton County Building Department (*see address below*). A Planner is typically available at the Building Department only on Thursdays from 9am – 12pm.

Please contact the following departments/agencies to ensure your proposal will be in compliance with their regulations for the proposed use of the property:

- **Benton-Franklin Health District**  
7102 W. Okanogan Place, Kennewick, WA 99336  
*Phone: 460-4205*
- **Benton County Road Department**  
620 Market Street, Prosser, WA 99350  
*Prosser: 786-5611 • Tri-Cities: 735-3084*
- **Benton County Building Department/ Fire Marshal**  
5600 W. Canal Drive, Kennewick, WA 99336  
*Prosser: 786-5622 • Tri-Cities: 735-3500*



## CONDITIONAL USE PERMIT APPLICATION

File No. \_\_\_\_\_

### APPLICANT INFORMATION

Please check the box indicating primary contact person for this application

**Applicant/Agent:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner(s)** (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If there are additional owners please copy this section, sign, and attach to the application*

**If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below showing that the person signing has the authority to sign on behalf of the company.**

### ENTITY SIGNATURE BLOCK

If the applicant or legal owner of the property is a corporation, partnership, trust or LLC use the following signature block.

**Applicant/Legal Owner:** \_\_\_\_\_

Officer name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE ABOVE SIGNED OFFICER OF \_\_\_\_\_ (name of entity)

WARRANTS AND REPRESENTS THAT ALL NECESSARY LEGAL AND CORPORATE ACTIONS HAVE BEEN DULY UNDERTAKEN TO

PERMIT \_\_\_\_\_ (name of applicant) TO SUBMIT THIS APPLICATION AND THAT THE

ABOVE SIGNED OFFICER HAS BEEN DULY AUTHORIZED AND INSTRUCTED TO EXECUTE THIS APPLICATION.

PARCEL INFORMATION

1. Subject property address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. Parcel number: \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ 3. Acreage: \_\_\_\_\_

4. Access:  County Road  State Road/Highway  Private Road

5. Utilities: Power:  Benton PUD  Benton REA

Sewer:  Septic Tank  City Sewer: (Provider) \_\_\_\_\_

Water:  Individual Wells  One well serving 2-4 lots  One well serving 5+ lots

Private System (Provider & Address) \_\_\_\_\_

City System (Provider) \_\_\_\_\_

Gas:  No  Yes: (Provider) \_\_\_\_\_

Cable:  No  Yes: (Provider) \_\_\_\_\_

Phone:  No  Yes: (Provider) \_\_\_\_\_

Irrigation:  No  Private  District: (Provider) \_\_\_\_\_

6. Present use of property: \_\_\_\_\_

7. What is the proposed use? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Will only one detached building to be used for the proposed use?  Yes  No

9. Will the project be conducted entirely inside of a building?  Yes  No

If no, explain what outdoor activities would occur: \_\_\_\_\_

10. What is the total area, including storage that will be used? \_\_\_\_\_

11. Does one of the business proprietors own/lease the property where the proposed business is located?  Yes  No

12. Is there a residence on site?  Yes  No

a) Does one of the proprietors live in the residence on site?  Yes  No

13. Total number of employees (who do not live on site)? \_\_\_\_\_

**14. Proposed days and hours of operation (including employee hours)?**

Days: \_\_\_\_\_ Hours: \_\_\_\_\_

a) Will the operation be seasonal? Months of operation: \_\_\_\_\_

**15. Will you have a sign?**  Yes  No

*If yes, please answer the following and **attach a drawing** of the proposed signage*

a) Number of sign(s)? \_\_\_\_\_

b) Height of sign(s)? \_\_\_\_\_

c) Dimensions of sign(s)? \_\_\_\_\_

d) Location of sign(s)? \_\_\_\_\_

e) Will the sign(s) be illuminated?  Yes  No

**16. How many vehicles will be labeled to identify the proposed use?** \_\_\_\_\_

**17. How many parking spaces will be provided?** Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_ Surface Type: \_\_\_\_\_

**18. What is the name of the access road to the property?** \_\_\_\_\_

a) Is the road a:  County Road  State Highway  Private Road

b) Is the road constructed out of:  Pavement  Gravel

**19. Is any outdoor lighting proposed?**  Yes  No

a) Where will it be located? \_\_\_\_\_

**20. Are you proposing any site screening and/or fencing?**

Yes (If yes, please show on site plan map)  No

a) What type and where will it be located? \_\_\_\_\_

**21. Additional comments or information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF FURTHER EXPLANATION IS NEEDED FOR ANY OF THE QUESTIONS PLEASE ATTACH ADDITIONAL PAGES.**

**(FOR STAFF USE ONLY)**

Application Complete: Y N

Critical Areas: N Y: \_\_\_\_\_

Zoning: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_