City of Sumner
Conditional Use Permit
Application

(Please fill out ALL fields unless otherwise noted)

CITY OF SUMNER WASHINGTON

File Number: _____

(253)299-5530
www.sumnerwa.gov

Site/Project Address (if available): XXX Valley Ave E		Parcel #: 0420233054		
Owner: Gaffney Properties LLC	Phone:	Email: Corey Gaffney (corey@gaffney.group)		
Owner Address: 1802 S Fernside Dr		City: Tacoma	State: WA	Zip: 98465
Surveyor/Engineer/Contractor: Larson and Associates		Phone: (253) 474-3404	Contractor License Number:	
Address: 9027 Pacific Ave, Suite 4	Email: gmiddleton@rrlarson.com	City: Tacoma	State: WA	Zip: 98444
Contact Person: Grant Middleton P.E.	Phone: (253) 474-3404	Fax: (253) 472-7358		
Contact Address: 9027 Pacific Ave, Suite 4	Email: gmiddleton@rrlarson.com	City: Tacoma	State: WA	Zip: 98444

Description of Project:

Development of a 40' x 92' mortuary storage building associated with the existing operation of Woodlawn Abbey Mausoleum.

Supporting Materials Required:

Office Applicant - (please check off all "applicant" boxes)

☑	**This Application Form and Checklist**	
☑	**Site Plan**	**4 - Copies (11" x 17")**
	(No site plan required for interior tenant improvements)	**1 - Full Sheet (24" x 36")**
	Building envelope with building setbacks	
	Environmental constraints delineated	
	Streets in relationship to the proposed building	
	Location of easements (if any)	
	Stormwater/open space locations	
	Parking configuration	
	Accessible spaces	
	Location of fire hydrants	
	Fire access lanes	
☑	**Floor Plans**	**4 - Copies (11" x 17")**
		1 - Full Sheet (24" x 36")
	Identification of the use of all areas	
	Proposed use of the spaces and storage arrangements	
	Design Review Conditions added to plans (if applicable)	
☑	**Cover letter addressing criteria of SMC18.48.050**	**1 - Copy**
☑	**Mailing list of all property owners within 500 ft, 1000 if project is in the M1 zone**	**2 - Sets of labels**
☑	**Permit fee (Please consult the Permit Specialist for the fee amount)**	

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

****BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)**

_____ GRANT MIDDLETON P.E. **DATE:** 3/6/25

SIGNATURE OF OWNER / AUTHORIZED AGENT LARSON & ASSOC. **PRINTED NAME**