ADMINISTRATIVE USE PERMIT Checklist



3609 Market Place W, Suite 200 University Place, WA 98466-4488 PH: 253.566.5656

This is a checklist of materials required for an Administrative Use Permit. This checklist is provided to assist you in submitting a complete application. If you have any questions, contact the Planning and Development Services Department at 253.566.5656.

RETURN THIS CHECKLIST WITH YOUR APPLICATION

Fees must be paid at the time of submittal. The table below indicates the number of sets required at the time of submittal:

# OF SETS REQUIRED	DESCRIPTION
1	Administrative Use Permit Application
1	Construction Drawings
1	Affidavit of Ownership

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ADMINISTRATIVE USE PERMIT Application



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Please type or print clearly. Incomplete information may delay the project approval.

APPLICANT:		Phon	ne:		Fax:	
Address (Street, City, State, Zip):	E-Ma	E-Mail Address:				
PROPERTY OWNER:	Phon	Phone:		Fax:		
Address (Street, City, State, Zip):	E-Ma	ail Addre	ess:	1		
AGENT:			Phone:		Fax:	
Address (Street, City, State, Zip):			ail Addre	ess:	•	
PROJECT NAME & TYPE:						
Project Address:		Parcel N	umber(s):		
Zoning:	Current Use:					
		Range:		Section:		Quarter Section:
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Describe the proposal's assurances that granting the Administrative Use Permit will not be injurious to the uses, property, or improvements adjacent to, and in the vicinity of, the site where the proposed use is to be located.						
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How do you plan to protect surrounding propert any adverse impacts associated with the propos						
 						
						
How will you mitigate any impact of the proper	ad use and how can the actions he manitored					
and enforced?	ed use and how can the actions be monitored					
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	ws of the State of Washington that I am the vidence herewith submitted are in all respects and to ete. I understand that the filing fee accompanying purposes of defraying the normal administrative					
I hereby certify under penalty of perjury under the la applicant listed above, and that all information and et the best of my knowledge and belief, true and complethis application is not refundable, and is only for the expenses of processing the application, and that the	ws of the State of Washington that I am the vidence herewith submitted are in all respects and to ete. I understand that the filing fee accompanying purposes of defraying the normal administrative					

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ADMINISTRATIVE USE PERMIT Owner Affidavit



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DECLARATION:

	e the owner(s) or person(s) in legal possession of within the ereby give permission for the activities described
as follows:	ereby give permission for the detivities described
Name:	Signature:
Name:	Signature:
	1
Name:	Signature:
ACKNOWLEDGMENT:	
STATE OF WASHINGTON)	
) ss COUNTY OF)	
On this day appeared before me	(owner), to me
known as the individual(s) described in and	I who executed the within and foregoing instrument,
and acknowledge that(he/she) sign	ed the same as (his/her) free and
voluntary act and deed, for the uses and pu	urposes therein mentioned.
GIVEN under my hand and official this	, day of
Notary Public in and for the State of Wash	nington
Residing at	
My Commission Expires	

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