

SITE DEVELOPMENT PERMIT

Application

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

SUBMITTAL REQUIREMENTS: ONE (1) SET OF PLAN (INCLUDING ONE (1) FULLY DIMENSIONED SITE PLANS), ONE (1) COPY OF STORM DRAINAGE CALCULATIONS AND APPLICATION INTAKE FEE

| PROJECT ADDRESS (Street, City, State, Zip): | APPLICATION #: | |
|---|------------------------------|-------------|
| Project Name: | Parcel #: | |
| Project Name. | Parcer #. | |
| APPLICANT: | Phone: | Fax: |
| Address (Street, City, State, Zip): | E-Mail Address: | |
| PROPERTY OWNER: | Phone: | Fax: |
| Address (Street, City, State, Zip): | E-Mail Address: | |
| ENGINEER: | Phone: | Fax: |
| Address (Street, City, State, Zip): | E-Mail Address: | |
| CONTRACTOR*: | Phone: | Fax: |
| Address (Street, City, State, Zip): | License # / Exp Date: | |
| *Contractor must have a valid City of University Place business license prior to doing work in the City. Contact the Business Licensing Office @ 253.566.5656. | | |
| PROJECT DESCRIPTION: | | |
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| BACKGROUND HISTORY: | IMPERVIOUS SURFACE: | |
| Prior applications/permits pertaining to this site? | New: | |
| | Total: | |
| | l — | cubic yards |
| Are any trees to be cleared from this site? Yes No | Total Fill: Total Area: | |
| Is the property served by: Septic or Sewer | Total / troa. | |
| I hereby certify under penalty of perjury under the laws of the State of Washington that I am the applicant listed above, and that all information and evidence herewith submitted are in all respects and to the best of my knowledge and belief, true and complete. I understand that the filing fee accompanying this application is not refundable, and is only for the purposes of defraying the normal administrative expenses of processing the application, and that the payment of said fee does not result in automatic approval of the permit requested in this application. | | |
| Print Name: | Owner Agent/Other (specify): | |
| Signature: | Date: | |