



DEVELOPMENT SERVICES  
**SITE DEVELOPMENT PERMIT  
REVISION/ADDITIONAL INFORMATION FORM**

CITY OF UNIVERSITY PLACE

3609 Market Pl W Suite 200 ♦ University Place, WA 98466-4488

Phone 253.566.5656

**THIS REVISION FORM MUST BE ACCOMPANIED BY SIX (6) SETS OF PLANS (INCLUDING SIX (6) FULLY DIMENSIONED SITE PLANS) AND TWO (2) COPIES OF STORM DRAINAGE CALCULATIONS (IF APPLICABLE).**

**REVISIONS TO EXISTING PERMIT # SDP \_\_\_\_\_**

|                      |                   |
|----------------------|-------------------|
| PROJECT NAME:        | PROJECT ADDRESS:  |
| PROPERTY OWNER NAME: | OWNER PHONE #:    |
| CONTACT PERSON:      | CONTACT PHONE #:  |
| ENGINEER NAME:       | ENGINEER PHONE #: |

**DESCRIPTION OF REVISIONS OR ADDITIONAL INFORMATION:**

*(be specific, a separate sheet may be attached.)*

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| <b>REVISION TO IMPERVIOUS SURFACE (Square Feet):</b><br>ORIGINAL AMOUNT _____<br>REMOVE / ADDITIONAL _____<br>(circle)<br><b>TOTAL IMPERVIOUS SURFACE</b> _____ | <b>REVISION TO QUANTITY OF CUT &amp; FILL (Cubic Yards):</b><br>ORIGINAL AMOUNT _____<br>REMOVE / ADDITIONAL _____<br>(circle)<br><b>TOTAL CUT and FILL</b> _____ |
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*I hereby certify that the information provided is correct and that the construction on the above described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the University Place Municipal Code.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_