



Public Works

1812 Main Street, P O Box 257
 Lake Stevens WA 98258
 Phone Number (425) 377-3235

<p>To Be Completed By Staff</p> <p>Date of Application: _____</p> <p>Staff Initials: _____</p> <p>Permit Number: _____</p>

CONSTRUCTION PLAN REVIEW APPLICATION

If proposal includes grading, please provide cut and fill.	
Cubic Yards Cut:	Cubic Yards Fill:
If grading is greater than 100 cubic yards of material, a SEPA review is required. Previous SEPA determinations, if applicable, should be submitted.	

Property Information	Site Address:			
	Assessor Parcel No:	Area of property	Square Feet:	Acres:
	Land Use Designation:		Zoning:	
	Existing Impervious Surface Area:		Proposed Impervious Surface Area:	
Applicant	Name/Company:			
	Address:		City/State/Zip:	
	Phone:		Applicants relationship to owner:	
	Fax:		Email:	
Primary Contact	Name/Company:			
	Address:		City/State/Zip:	
	Phone:		Email:	
	Fax:			
Property Owner	Name/Company:			
	Address:		City/State/Zip:	
	Phone:		Email:	
	Fax:			
Project Description				

You may not begin any activity based on this application until a decision, including the resolution of any appeal, has been made. Conditions or restrictions may be placed on your permit if it is approved. After the City has acted on your application, you will receive notice of the outcome. If an appeal is filed, you may not begin any work until the appeal is settled. You may also need approvals from other agencies; please check this before beginning any activity.

This application expires 180 days after the last date that additional information is requested (LSMC 14316A.245)

If you suspect that your site contains a stream or wetland or is adjacent to a lake, you may need a permit from the state or federal government.

I DECLARE UNDER PENALTY OF THE PERJURY LAWS THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

Signature of Property Owner/Agent

Date of Application

By affixing my signature I certify that I am the legal owner of the property for which this application is issued or an authorized agent of the owner.



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STATEMENT OF OWNERSHIP/APPLICANT AUTHORITY

I certify or declare under penalty of perjury under the laws of the state of Washington that:

1. This application is authorized by the all the land owners with authority to bind the land/property;
2. That the developer is operating under the landowner's authority;
3. That the developer and/or landowner is either an individual or a duly formed and qualified corporation, partnership, or other legal entity; and
4. That the person signing all applications or other legal documents is authorized by the legal entity and/or landowner to do so; and
5. That the application and submittals are true and correct to the best of my information.

Applicant

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Property Owner(s)

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

