

Binding Site Plan Application

For alternate formats, call 206-296-6600.

Staff Use Only - Do not write in this box

PRE-APPLICATION NO.

BINDING SITE PLAN NO.

APPLICATION NAME

DO NOT WRITE ABOVE THIS LINE

I (We), the undersigned owner(s) of property numbered opposite my (our) name(s), hereby apply for a Binding Site Permit.

STATE OF WASHINGTON - COUNTY OF KING

I,_______, being duly sworn, depose and say that I am a property owner or officer of the corporation owning property shown on Parcel #1 on Assessor's map and I have familiarized myself with the rules and regulations of the Department of Permitting and Environmental Review with respect to preparing and filing this application and that the following statements, answers, and information submitted present the argument in behalf of this application and are in all respects true and correct to the best of my knowledge and belief.

Owner's Signature			Corporation or Company Name		
			_	-	
ŀ	ddress		Telephone		
City	State	Zip Code			
			Subscribed and Sworn to me the	his	
			day	, 20	
			Notary Public in and for the STATE OF		
NOTARY SEAL					
			AND		
			RESIDING AT		
			Sig	gnature	
BindingSitePlanAppFORM.doc	lc-app-bs	plan.pdf	B01 11/10/2012	Page 1 of 2	

Other property owners included in this application must be listed below opposite a parcel number which is also shown on the Assessor's map and indicates the property owned by each applicant. Attach additional property owner names, if applicable.

Parcel					
		2	Name Signature		
	Street Address		City	State	Zip Code
			Tele	ephone	
Parcel					
		3	Name Sig	nature	
	Street Address		City	State	Zip Code
		Telephone			

State below the name, address, and phone number of person or persons to be contacted for further details.

Name			 Name			
Street Address			 Street Address			
City	State	Zip Code	 City	State	Zip Code	
			-	-		
Telephone			Telephone			

Check out the Permitting Web site at <u>www.kingcounty.gov/permits</u>