

Land Use Permit **Application Form**

For alternate formats, call 206-296-6600.

www.kiligcoulity.gc						
Application		Staff Use Only - Do not write in t	his box			
Applicatior	1					
			D	to Dessived (storm)		
				ate Received (stamp)		
		DO NOT WRITE ABOVE THIS	S DIVIDER			
I (We) request	the following permit	(s) or approval(s):				
Binding site	plan	Public agency & utility exc	eption	velopment permit		
Boundary lin	e adjustment	Reasonable use exceptior		ecific comprehensive plan		
Building perr	mit	Reuse of public schools	ame	ndment		
Conditional u	use permit	Right-of-Way use permit	Special	district overlay removal		
	alteration exception	Road variance	Special	use permit		
Linear	Non-linear	□ Shoreline conditional use	permit 🗌 Subdivi	sion – Formal		
Drainage va	riance or adjustment	Shoreline exemption	🗌 Subdivi	sion – Short		
Period review	w for mining sites	Shoreline redesignation	🗌 Tempor	ary use permit		
Plat alteratio	n	□ Shoreline substantial deve	elopment 🗌 Urban p	planned development		
Plat vacation	า	permit	Zone re	classification		
P-suffix ame	endment	Shoreline variance	Zoning	variance		
I,, being duly sworn, state that I am the owner or officer of the corporation owning property described in the legal description filed with this application and that I have reviewed the rules and regulations of the Department of Permitting and Environmental Review (Permitting) regarding the preparation and filing of this application and that all statements, answers and information submitted with this application are in all respects true, accurate and complete to the best of my knowledge and belief.						
signing this app		it may be necessary for Perm giving permission for these vi ite visits.				
Printed Name		Signature	9			
Company						
Phone		E-mail				
Mailing Address						
U U	STREET		CITY	ST ZIP		

If applicable, state below the name, address and telephone number of the authorized applicant for this application as shown on the Certification and Transfer of Application Status form filed with this application.

Name								
Phone	E-mail							
Mailing Ad	ddress							
Ū		STREET				CITY	ST	ZIP
AppForLandL	JsePermitsFC	DRM.doc	lc-app-luper.pdf	L03	11/15/2012			Page 1 of 2

Send the posting package the owner/applied	-		or this application to: nsultant/agent (engineer, architect, etc.)
Send letters, including t the owner/appli			nal information for this application, to: nsultant/agent
Note: Applica	ation forms and	submittal rec	quirements are subject to revision without notice.
For Formal Subdivisio	ns only:		
NAME OF SUBDIVISION			
REGISTERED LAND SURVEYO	R (COMPANY)		NAME (INDIVIDUAL)
STREET ADDRESS			 Telephone
Сітү	State	Zip	E-MAIL
ENGINEER (COMPANY)			NAME (INDIVIDUAL)
STREET ADDRESS			TELEPHONE
Сітү	State	Zip	E-MAIL
DEVELOPER (COMPANY)			NAME (INDIVIDUAL)
STREET ADDRESS			 Telephone
Сітү	State	Zip	E-MAIL
Land Surveyor's Certifi	cation		Land Surveyor Seal

Land Surveyor's Certification

I hereby certify that the accompanying plat has been inspected by me and conforms to all rules and regulations of the platting resolution and standards for King County, Washington.

SIGNED

DATE

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