



King County
Department of Permitting
and Environmental Review
 35030 SE Douglas Street, Suite 210
 Snoqualmie, WA 98065-9266
206-296-6600 TTY Relay: 711
 www.kingcounty.gov

L03 Web date: 11/15/2012

Land Use Permit Application Form

For alternate formats, call 206-296-6600.

Staff Use Only - Do not write in this box

Application

Date Received (stamp)

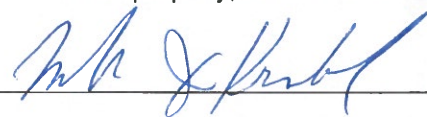
DO NOT WRITE ABOVE THIS DIVIDER

I (We) request the following permit(s) or approval(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Binding site plan | <input type="checkbox"/> Public agency & utility exception | <input type="checkbox"/> Site development permit |
| <input type="checkbox"/> Boundary line adjustment | <input type="checkbox"/> Reasonable use exception | <input checked="" type="checkbox"/> Site-specific comprehensive plan amendment |
| <input type="checkbox"/> Building permit | <input type="checkbox"/> Reuse of public schools | <input type="checkbox"/> Special district overlay removal |
| <input type="checkbox"/> Conditional use permit | <input type="checkbox"/> Right-of-Way use permit | <input type="checkbox"/> Special use permit |
| <input type="checkbox"/> Critical areas alteration exception | <input type="checkbox"/> Road variance | <input type="checkbox"/> Subdivision - Formal |
| <input type="checkbox"/> Linear <input type="checkbox"/> Non-linear | <input type="checkbox"/> Shoreline conditional use permit | <input type="checkbox"/> Subdivision - Short |
| <input type="checkbox"/> Drainage variance or adjustment | <input type="checkbox"/> Shoreline exemption | <input type="checkbox"/> Temporary use permit |
| <input type="checkbox"/> Period review for mining sites | <input type="checkbox"/> Shoreline redesignation | <input type="checkbox"/> Urban planned development |
| <input type="checkbox"/> Plat alteration | <input type="checkbox"/> Shoreline substantial development permit | <input checked="" type="checkbox"/> Zone reclassification |
| <input type="checkbox"/> Plat vacation | <input type="checkbox"/> Shoreline variance | <input type="checkbox"/> Zoning variance |
| <input type="checkbox"/> P-suffix amendment | | |

I, WILLIAM KOMBOL, MANAGER, 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.

During the review of this application, it may be necessary for Permitting staff to make one or more site visits. By signing this application form, you are giving permission for these visits. If it is rental property, the owner hereby agrees to notify tenants of possible site visits.

Printed Name WILLIAM KOMBOL Signature 
 Company PALMER COKING COAL COMPANY, LLP
 Phone 425 - 432 - 4700 E-mail PALMERCOKINGCOAL@AOL.COM
 Mailing Address P.O. BOX 10 / 31407 HIGHWAY 169 BLACK DIAMOND WA 98010-
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 ESM CONSULTING ENGINEERS; ATTN: LAURA BARTENHAGEN
 Phone 253 - 838 - 6113 E-mail LAURA.BARGENHAGEN@ESMCIVIL.COM
 Mailing Address 33400 - 8TH AVE. SOUTH, SUITE 205 FEDERAL WA WA 98003-
STREET CITY ST ZIP

Send the posting package for the notice board for this application to:

☒ the owner/applicant ☒ the consultant/agent (engineer, architect, etc.)

Send letters, including those requesting additional information for this application, to:

☒ the owner/applicant ☒ the consultant/agent

Note: Application forms and submittal requirements are subject to revision without notice.

For Formal Subdivisions only:

 NAME OF SUBDIVISION

 REGISTERED LAND SURVEYOR (COMPANY)

 STREET ADDRESS

 CITY STATE ZIP

 ENGINEER (COMPANY)

 STREET ADDRESS

 CITY STATE ZIP

 DEVELOPER (COMPANY)

 STREET ADDRESS

 CITY STATE ZIP

 NAME (INDIVIDUAL)

 - -
 TELEPHONE

 E-MAIL

 NAME (INDIVIDUAL)

 - -
 TELEPHONE

 E-MAIL

 NAME (INDIVIDUAL)

 - -
 TELEPHONE

 E-MAIL
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
Land Surveyor Seal

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