

Date Received:	
Application Fee \$	
<u>Deposi</u> t Paid \$	
Permit #	

PLANNING DEPARTMENT / 201 Center Street W / PO Box 309 360-832-3361 / Fax 360-832-3977

MASTER APPLICATION FOR LAND USE ACTIONS

Check all applications for which you are applying.			
BOUNDARY LINE ADJ	SEDA DEVIEW	VADIANCE OTUED	
		TYPE OF	APPLICATION
CONDITIONAL USE	NON-CONFORMING US	E	
PRELIMINARY PLAT	SHORT PLAT / LONG PLAT (ORIG # PROPOSED#)		
FINAL PLAT	BINDING SITE PLAN	REZONE – from to	

Project Name:	***		
Owner:	Address:		
Phone: Cell:		Business:	
Authorized Agent/Contact Person Email			
Company Name	Cell:	Office Ph	
Mailing Address			

Site Address:	Parcel #		_
Legal Description: QTR SECSecti	onTownship	Range	_
Related Parcels:			_
Utility Sources: Water:	; Sewer	; Power:	_
**Include Development Plans including Site Plan (Drawn to scale) **			
I,being duly sworn, declare that I am the contract purchaser, agent or owner of the property involved in this application and that the foregoing statements and answers herein contained and the information herewith submitted are true in all respects and correct to the best of my knowledge and belief.			
Owner Signature: Date:			
(OR an Authorized Agent signature if an "Owner Authorization" is signed and attached)			
Authorized Agent Signature:		Date:	