

MASTER APPLICATION FOR LAND USE ACTIONS



Planning & Building
201 Center St W
Eatonville, WA 98328
360-832-3361 ext.114
Fax: 360-832-3911

Date Received _____
Application Fee \$ _____
Deposit Paid \$ _____
Permit # _____

Check all applications for which you are applying.

_____ BOUNDARY LINE ADJ _____ SEPA REVIEW _____ REZONE- From _____ to _____
_____ CONDITIONAL USE _____ NON-CONFORMING USE
_____ PRELIMINARY PLAT _____ SHORT PLAT/LONG PLAT (ORIG# _____ PROPOSED # _____)
_____ FINAL PLAT _____ BINDING SITE PLAN _____ VARIANCE _____ OTHER _____
Type of App.

*****APPLICANT INFORMATION*****

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

*****PARCEL INFORMATION*****

Site Address _____
Legal Description QTR SEC. _____ Section _____ Township _____ Range _____
Related Parcels _____
Authorized Agent/Contact Person _____ Email _____
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: _____