

MASTER APPLICATION FOR LAND USE ACTIONS



Planning & Building Department
 201 Center St. W
 Eatonville, WA 98328
 360-832-3361 ext.114
 planningadmin@eatonville-wa.gov

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 form is signed and attached)

Authorized Agent Signature: _____ Date: _____