



Project No. _____

MASTER LAND USE APPLICATION

Department of Public Works and Community Development

Process 1 - \$425 Fee and Deposit	Process 2 - \$650 Fee and Deposit	Process 3 - \$1,600 Fee and Deposit
<input type="checkbox"/> Final Plat <input type="checkbox"/> Preliminary Plat Minor Revision <input type="checkbox"/> Site Development Permit <input type="checkbox"/> Final Short Plat <input type="checkbox"/> Limited Amendment CUP, DR <input type="checkbox"/> Minor Site Plan Review <input type="checkbox"/> Temporary Use Permit <input type="checkbox"/> Boundary Line Adjustment <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Design Review <input type="checkbox"/> Preliminary Short Plat <input type="checkbox"/> SEPA Threshold Determination <input type="checkbox"/> Admin Amendment CUP, DR <input type="checkbox"/> Design Deviation <input type="checkbox"/> Variance <input type="checkbox"/> Binding Site Plan < 5 lots <input type="checkbox"/> Reasonable Use Exception <input type="checkbox"/> Formal Code Interpretation <input type="checkbox"/> Shoreline SD Permit	<input type="checkbox"/> Preliminary Plat <input type="checkbox"/> Preliminary Plat Major Revision <input type="checkbox"/> Binding Site Plan > 4 Lots <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Other _____

PROJECT NAME: _____

Site Address: _____

Parcel Number(s): _____

Zone: _____

Property Size: _____

APPLICANT/PROJECT CONTACT: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

PROPERTY OWNER NAME: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

BILLING CONTACT NAME/COMPANY: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Signature: _____

PROJECT DESCRIPTION: _____

Utilities

Water System	Sanitary System		
<input type="checkbox"/> Covington Water District <input type="checkbox"/> Cedar River Water & Sewer District <input type="checkbox"/> Cherokee Bay Water District <input type="checkbox"/> Private well	<input type="checkbox"/> Soos Creek Water & Sewer District <input type="checkbox"/> Cedar River Water & Sewer District <input type="checkbox"/> Private on-site septic system		
Water Availability Certificate submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sewer Availability Certificate submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
King County Health Dept. on-site septic approval submitted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Applicant's Signature: _____ (Required)	Date: _____
Owner's Signature: _____ (Required)	Date: _____
Agent's Signature: _____ (If you are acting as an owner's agent, you must provide proof of agency.) By affixing my signature hereto, I certify that the information furnished herein is true and correct to the best of my knowledge.	Date: _____

Contact the Department of Public Works and Community Development at 425-413-8800 with any questions.