Web date: 08/14/2007



LAND USE PERMIT APPLICATION FORM

206-296-6600 TTY 206-296-7217

For alternate formats, call 206-296-6600.

Staff Use Only - Do not write in this box				
Application				
		Date Received (stamp)		
		, , , , , , , , , , , , , , , , , , ,		
I (We) request the following permit(s) or approval(s):				
· , .		□ 0 ;; , , , , , , , , , , , , , , , , , ,		
☐ Binding site plan	Public agency & utility exception	☐ Site development permit		
☐ Boundary line adjustment☐ Building permit	☐ Reasonable use exception☐ Reuse of public schools	Site-specific comprehensive plan amendment		
Conditional use permit	Right-of-Way use permit	Special district overlay removal		
☐ Critical areas alteration exception	Road variance	Special use permit		
Linear Non-linear	☐ Shoreline conditional use permit	Subdivision – Formal		
☐ Drainage variance or adjustment	☐ Shoreline exemption	Subdivision – Short		
Period review for mining sites	☐ Shoreline redesignation	☐ Temporary use permit		
☐ Plat alteration	☐ Shoreline substantial development	☐ Urban planned development		
☐ Plat vacation	permit '	Zone reclassification		
☐ P-suffix amendment	☐ Shoreline variance	☐ Zoning variance		
1	heing duly sworn	state that I am the owner or officer		
I,, 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 Development and Environmental Services (DDES)				
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 DDES staff to make one or more site visits. By				
	giving permission for these visits. If it i	s rental property, the owner hereby		
agrees to notify tenants of possible s	ite visits.			
Printed Name	Signature			
Company				
Phone	E-mail			
Mailing Address	 -			
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				
Phone	E-mail			
Mailing Address				
STREET	CITY	ST ZIP		

the owner/ap	_		or this application to: sultant/agent (engineer, architect, etc.)
Send letters, including the owner/ap			nal information for this application, to:
Note: App	olication forms and	submittal req	uirements are subject to revision without notice.
For Formal Subdivis	sions only:		
NAME OF SUBDIVISION			
REGISTERED LAND SURVEYOR (COMPANY)			NAME (INDIVIDUAL)
STREET ADDRESS			TELEPHONE
Сіту	STATE	ZIP	E-MAIL
ENGINEER (COMPANY)			Name (Individual)
STREET ADDRESS			TELEPHONE
CITY	STATE	ZIP	E-MAIL
DEVELOPER (COMPANY)			NAME (INDIVIDUAL)
STREET ADDRESS			TELEPHONE
Сіту	STATE	ZIP	E-MAIL
Land Surveyor's Certification			Land Surveyor Seal
I hereby certify that the been inspected by me and regulations of the standards for King Co	and conforms to platting resolutio	all rules n and	
SIGNED			
DATE			

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

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