



PERMIT/FILE NUMBER(S): _____
FEE: _____
RECEIPT # _____
DATE PAID: _____
For City Use Only

City of Stanwood

Community Development

10220 270th Street NW
Stanwood, WA 98292

MASTER PERMIT APPLICATION

Permits requested: (check all applicable) **ATTACH RESPECTIVE CHECKLISTS ALONG WITH REQUIRED ITEMS**

- | | | |
|--|---|---|
| <input type="checkbox"/> Adjustment of Landscape Stds. | <input type="checkbox"/> Flood Plain Variance | <input type="checkbox"/> Temporary Use |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Grading/Paving | <input type="checkbox"/> Transportation Concurrency |
| <input type="checkbox"/> Binding Site Plan | <input type="checkbox"/> Modification to Site Dev. Permit | <input type="checkbox"/> Utility Extension |
| <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Water/Sewer Availability |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> SEPA | <input type="checkbox"/> Zoning Code Amendment |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Shoreline Conditional Use/JARPA | <input type="checkbox"/> Zoning Code Variance |
| <input type="checkbox"/> Critical Area Assessment | <input type="checkbox"/> Short Plat | <input type="checkbox"/> Zoning Map Amendment |
| <input type="checkbox"/> Espresso Stand | <input type="checkbox"/> Site Development | |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Street Vacation | |

1. Applicant
Company Name: _____
Name: _____ Phone: _____
Address: _____
e-mail: _____ Fax: _____ Cell: _____

2. Relation of Applicant to Property (check one):
 Owner Contract Purchaser Lessee Other (specify) _____

3. Engineer
Name: _____ Phone: _____
Address: _____ e-mail: _____
Fax: _____ Cell: _____

Architect
Name: _____ Phone: _____
Address: _____ e-mail: _____
Fax: _____ Cell: _____

Surveyor
Name: _____ Phone: _____
Address: _____ e-mail: _____
Fax: _____ Cell: _____

Developer
Name: _____ Phone: _____
Address: _____ e-mail: _____
Fax: _____ Cell: _____

Contractor L & I Number: _____ Expires: _____
Name: _____ Phone: _____
Address: _____ e-mail: _____
Fax: _____ Cell: _____

4. Address and general location of property (including nearest intersection): _____

5. List all Assessor's Tax Account Numbers involved (all 14 digits): Section _____ Township _____ Range _____

6. Approximate acreage: _____ 8. Present zoning: _____
7. Present use of property: _____
8. Source of water supply, if any: _____
 Method of sewage disposal, if any: _____
9. Explain your request and all proposed uses included in this proposal: _____

I hereby certify that all information is true and correct and that all owners of the property for the proposed project have signed this application

 Applicant's Signature Date

 Applicant's Signature Date

 Print Name

 Print Name

OWNERS SIGNATURES

1. Owner's Name (print) & Signature	
Address	
Phone Number	Fax Number

2. Owner's Name (print) & Signature	
Address	
Phone Number	Fax Number

3. Owner's Name (print) & Signature	
Address	
Phone Number	Fax Number

4. Owner's Name (print) & Signature	
Address	
Phone Number	Fax Number

Attach additional sheets if necessary.

ATTACH SUBMITTAL ITEMS REQUIRED ON RESPECTIVE CHECKLISTS.