



# PUBLIC WORKS CODE MODIFICATION *Application*

CITY OF UNIVERSITY PLACE

3715 Bridgeport Way West ♦ University Place, WA 98466  
Phone (253) 566-5656 ♦ FAX (253) 460-2541

SUBMITTAL REQUIREMENTS: FIVE (5) COPIES OF THE COMPLETED APPLICATION, FIVE (5) COPIES OF THE PROPOSED PROJECT SITE PLAN AND APPLICATION INTAKE FEE

<b>PROJECT ADDRESS (Street, City, State, Zip):</b>		<b>APPLICATION #:</b>	
Project Name:		Parcel #:	
<b>APPLICANT:</b>		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
<b>PROPERTY OWNER:</b>		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
<b>AGENT:</b>		Phone:	Fax:
Address (Street, City, State, Zip):		E-Mail Address:	
<b>PROJECT DESCRIPTION:</b>			
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*Before a Modification can be granted certain criteria must be met. Please answer the following questions with as much detail as possible so the department can understand the nature of your request. Attach additional sheets if necessary.*

**1. DESCRIBE THE PROPOSED MODIFICATION (From what requirements are you seeking relief?):**

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2. Describe how the proposed modification is based upon sound engineering principles (Granting the modification will not result in risk or harm to the public related to storm drainage, traffic or transportation, fire protection or structural matters).

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3. Describe how a strict application of the code would impose an undue hardship on the applicant.

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4. Describe how the requirements for safety, environmental considerations, function, appearance and maintainability would be fully met, assuming the granting of your request.

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5. Describe how the granting of the modification provides adequate protection of the public health, safety and welfare.

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6. Describe how the granting of the modification will be in the best interest of the public.

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I hereby certify under penalty of perjury under the laws of the State of Washington that I am the applicant listed above, and that all information and evidence herewith submitted are in all respects and to the best of my knowledge and belief, true and complete. I understand that the filing fee accompanying this application is not refundable, and is only for the purposes of defraying the normal administrative expenses of processing the application, and that the payment of said fee does not result in automatic approval of the modification requested in this application.

Print Name: \_\_\_\_\_  Owner  Agent/Other (specify):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_