



# SITE DEVELOPMENT PERMIT

## Application

**CITY OF UNIVERSITY PLACE**

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

**SUBMITTAL REQUIREMENTS: SIX (6) SETS OF PLANS (INCLUDING SIX (6) FULLY DIMENSIONED SITE PLANS), TWO (2) COPIES OF STORM DRAINAGE CALCULATIONS 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>ENGINEER:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
<b>CONTRACTOR*:</b>	Phone:	Fax:
Address (Street, City, State, Zip):	License # / Exp Date:	

*\*Contractor must have a valid City of University Place business license prior to doing work in the City. Contact the Business Licensing Office @ (253)566-5656.*

**PROJECT DESCRIPTION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BACKGROUND HISTORY:**  
 Prior applications/permits pertaining to this site?  
 \_\_\_\_\_  
 \_\_\_\_\_

Are any trees to be cleared from this site?  Yes  No

Is the property served by:  Septic or  Sewer

**IMPERVIOUS SURFACE:**

New: \_\_\_\_\_  
 Total: \_\_\_\_\_

Total Cut: \_\_\_\_\_ cubic yards  
 Total Fill: \_\_\_\_\_ cubic yards  
 Total Area: \_\_\_\_\_ square feet

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 permit requested in this application.

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

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