DEVELOPMENT SERVICES

SITE DEVELOPMENT PERMIT REVISION/ADDITIONAL INFORMATION FORM

CITY OF UNIVERSITY PLACE

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

THIS REVISION FORM MUST BE ACCOMPANIED BY SIX (6) SETS OF PLANS (INCLUDING SIX (6) FULLY DIMENSIONED SITE PLANS) AND TWO (2) COPIES OF STORM DRAINAGE CALCULATIONS (IF APPLICABLE).

REVISIONS TO EXISTING PERMIT # SDP_____

PROJECT NAME:	**PROJECT ADDRESS:**
PROPERTY OWNER NAME:	**OWNER PHONE #:**
CONTACT PERSON:	**CONTACT PHONE #:**
ENGINEER NAME:	**ENGINEER PHONE #:**

DESCRIPTION OF REVISIONS OR ADDITIONAL INFORMATION:

(be specific, a separate sheet may be attached.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

REVISION TO IMPERVIOUS SURFACE (Square Feet):	**REVISION TO QUANTITY OF CUT & FILL (Cubic Yards):**
ORIGINAL AMOUNT _____	ORIGINAL AMOUNT _____
REMOVE / ADDITIONAL (circle) _____	REMOVE / ADDITIONAL (circle) _____
TOTAL IMPERVIOUS SURFACE _____	**TOTAL CUT and FILL** _____

I hereby certify that the information provided is correct and that the construction on the above described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the University Place Municipal Code.

Signature of Applicant: _____ Date: _____