BINDING SITE PLAN AMENDMENT Checklist



3609 Market Place W, Suite 200 University Place, WA 98466-4488 PH: 253.566.5656

This is a checklist of materials required for a Binding Site Plan Amendment. This checklist is provided to assist you in submitting a complete application. If you have any questions, contact the Planning and Development Services Department at 253.566.5656.

RETURN THIS CHECKLIST WITH YOUR APPLICATION

Fees must be paid at the time of submittal. The table below indicates the standard number of sets required at the time of submittal. The number of plans is subject to change based on the scope of the project.

# OF SETS REQUIRED	DESCRIPTION
1	Binding Site Plan Application
1	Site Plan
1	Vicinity Map identifying proposed subdivision, including the nearest cross streets and a North arrow
1	SEPA Checklist
1	Title Report (must be dated within 30 days of application)
1	Notarized Owner Affidavit
1	Copy of Declarations of Covenants
1	Tree Survey (required if removing more than 5 trees): Location of all trees within the subdivision that are 6 caliper inches and above, measured 2 feet from the ground. Indicate all trees that are to be retained and those to be removed.
1	Landscape Plan
1	Water Availability Letter from Tacoma Water
1	Verification of Pierce County Assessor review submittal (copy of receipt)
1	Verification of Pierce County Utilities review submittal (copy of receipt and application)
1	Health Department Application – Reviewed and Approved (must turn in 8½" x 14" application stamped as received by TPCHD along with receipt. Take 2 copies to the Health Department so you can take one away with you)

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BINDING SITE PLAN AMENDMENT Application



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Please type or print clearly. Incomplete information may delay the project approval.

<u> </u>	•				
APPLICANT:		Phone:		F	ax:
Address (Street, City, State, Zip):	E-Mail A	Addre	ess:		
PROPERTY OWNER:	Phone:	Phone: F		ax:	
Address (Street, City, State, Zip):	E-Mail A	Addre	ess:		
AGENT:	Phone:	Phone: Fax:		ax:	
Address (Street, City, State, Zip):	E-Mail A	Addre	ess:		
PROJECT NAME & TYPE:					
Project Address:		Parcel Num	nber(s	s):	
Zoning:	Current Use:				
Area/Acreage:	Township:	Range:		Section:	Quarter Section:
)					
Has this project been reviewed at a Te		Committee (TR	RC) M	eeting?	☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No
Has this project been reviewed at a Te	echnical Review				☐ Yes ☐ No

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SERVICES:

Source of Water:	Source of Power:
Sewage Disposal:	Telephone:
Natural Gas:	Cable Television:
Total size of land to be subdivided:	Total number of lots to be created:
	Total number of lots to be created: Total number of tracts to be created:

Is the project proposed to be built in phases? If so, how many?

Number of building(s), size, location and proposed use of each:

List each building lot, size and proposed use of each:

List each tract, size and proposed use of each:

Proposed street system:

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☐ Public

☐ Private

☐ Both

Total area in public streets:	Total area in private streets:				
Total area in parking lots:	Total area of other impervious surfaces:				
How many vehicle trips per day are to be generated by this development? (include formula for deriving this number):					
Will there be any shared common areas? (driveways,	parking lots, landscaping):				
l 					
Are there any existing or proposed easements in the	binding site plan area?				
Will there be any codes, covenants or restrictions on	the lots created?				
Number of regular parking spaces:	Number of compact parking spaces:				
	Number of compact parking spaces.				
Number and location(s) of loading areas:					
Number and location(s) of signs:					
I hereby certify under penalty of perjury under the la	we of the State of Washington that I am the				
applicant listed above, and that all information and e	vidence herewith submitted are in all respects and to				
the best of my knowledge and belief, true and complethis application is not refundable, and is only for the					
expenses of processing the application, and that the					
issuance of the permit requested in this application. Print Name:	☐ Owner ☐ Agent/Other (specify):				
Filit Name.	, , , , , , , , , , , , , , , , , , ,				
Signature:	Date:				

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BINDING SITE PLAN AMENDMENT Owner Affidavit



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DECLARATION:

Know all men by these presents that we, the undersigned, owner(s) in fee simple and/or contract purchaser(s) of the land herein described do hereby make an application for a binding site plan amendment thereof. The undersigned further declare that the attached map is the graphic representation of said binding site plan amendment and the same is made with the free consent and in accordance with the desires of the owner(s). In witness whereof we have set with our hands and seals.

Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:
ACKNOWLEDGMENT:	
STATE OF WASHINGTON)	
) ss COUNTY OF)	
On this day appeared before me	(owner), to me
known as the individual(s) described in ar	nd who executed the within and foregoing
instrument, and acknowledge that	_(he/she) signed the same as (his/her)
free and voluntary act and deed, for the u	uses and purposes therein mentioned.
GIVEN under my hand and official this	, day of,,
Notary Public in and for the State of Wa	shington
Residing at	
My Commission Expires	

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