

Received Stamp	 City of Duvall Small Town. Real Life.	Planning Department 15535 Main St. NE PO Box 1300 Duvall, WA 98019 (425) 788-2779 FAX (425) 788-8097 www.duvallwa.gov
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Master Permit Application

This form must be completed (clearly printed or typed) and submitted to the Planning Department to file an application. Additional materials are required for specific types of applications. For questions, please contact the Planning Department at (425) 788-2779.

FOR STAFF USE ONLY							
File No.:		Received By:			Date Received:		
Type of Application:	<u>TYPE I</u>	<u>TYPE II</u>	<u>TYPE III</u>		<u>TYPE IV</u>	<u>TYPE V</u>	<u>TYPE VI</u>
	<input type="checkbox"/> Administrative Interpretation <input type="checkbox"/> Boundary Line Adjustment <input type="checkbox"/> Wireless Facility <input type="checkbox"/> Other Construction Permits – no SEPA required <input type="checkbox"/> Final Site Plan	<input type="checkbox"/> Building Permit-SEPA required <input type="checkbox"/> Other construction permit – SEPA required <input type="checkbox"/> Sensitive Area Permits <input type="checkbox"/> Site Plans, Parks less than ½ acre in new area	<input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Shoreline Substantial Development Permit <input type="checkbox"/> Preliminary Short Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Vacations/Alterations <input type="checkbox"/> Reasonable Use Exception	<input type="checkbox"/> Shoreline Conditional Use Permit <input type="checkbox"/> Shoreline Variance <input type="checkbox"/> Preliminary Long Subdivision <input type="checkbox"/> Variance	<input type="checkbox"/> Rezone	<input type="checkbox"/> Final Plat	<input type="checkbox"/> UDR Text Amendment <input type="checkbox"/> Annexation <input type="checkbox"/> Area-Wide Zoning Map Amendment <input type="checkbox"/> Comp. Plan Amendment <input type="checkbox"/> Development Agreement <input type="checkbox"/> Street Vacation
<input checked="" type="checkbox"/> Other Application (please explain): 2021-2026 6-Year Transportation Improvement Program (TIP)							

APPLICANT

Name (please print): City of Duvall, c/o Larissa Grundell		Phone # (425) 939-8040	
Email Address: larissa.grundell@duvallwa.gov			
Street Address: 14525 Main Street NE	City: Duvall	State: WA	Zip: 98019

BASIC PROJECT INFORMATION

Project / Development Name: 2021-2026 TIP		Project / Development Location (including nearest intersections): Citywide	
Description of Proposed Action: 2021-2026 update of the City of Duvall Transportation Improvement Program (TIP)			
Assessor / Tax Parcel Numbers (include 10-digit parcel number for all parcels within project boundaries):			
Land Area of Project Site (sq. ft. & acres): Citywide		Zoning District: Citywide	Comp Plan Designation: Various
Present use of property: Various		Are there Sensitive Areas on the property? NA	

CONTINUED ON NEXT PAGE

OWNER (if other than applicant)			
Name (please print): Email Address:		Phone #: ()	
Street Address:	City:	State:	Zip:

AUTHORIZATION TO FILE APPLICATION (all persons with an ownership interest in property)

Name (please print):	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser
Address:	<input type="checkbox"/> Option Purchaser
Phone #: ()	Option Expiration Date:
Assessor Parcel Number(s):	
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>	
Signature: _____	
Name (please print):	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser
Address:	<input type="checkbox"/> Option Purchaser
Phone #: ()	Option Expiration Date:
Assessor Parcel Number(s):	
Other Documents Required: 1. Application / Information for specific permit type. 2. SEPA Checklist.	
<i>I certify that the information and exhibits contained in and with this application is true and correct to the best of my knowledge and under the penalty of perjury by the laws of the state of Washington.</i>	
Signature: _____	Date: 4/9/20

