



Planning and Community Development
 1812 Main Street • PO Box 257 • Lake Stevens, WA 98258
 Phone: (425) 622-9400 • www.lakestevenswa.gov
permits@lakestevenswa.gov

CONSTRUCTION PLAN REVIEW APPLICATION

If proposal includes grading, please provide cut and fill.	
Cubic Yards Cut:	Cubic Yards Fill:
If grading is greater than 100 cubic yards of material, a SEPA review is required. Previous SEPA determinations, if applicable, should be submitted.	

Property Information	Site Address:			
	Assessor Parcel No:	Area of property	Square Feet:	Acres:
	Land Use Designation:		Zoning:	
	Existing Impervious Surface Area:		Proposed Impervious Surface Area:	
Applicant	Name/Company:			
	Address:	City/State/Zip:		
	Phone:	Applicants relationship to owner:		
	Fax:	Email:		
Primary Contact	Name/Company:			
	Address:	City/State/Zip:		
	Phone:	Email:		
	Fax:			
Property Owner	Name/Company:			
	Address:	City/State/Zip:		
	Phone:	Email:		
	Fax:			
Project Description				

You may not begin any activity based on this application until a decision, including the resolution of any appeal, has been made. Conditions or restrictions may be placed on your permit if it is approved. After the City has acted on your application, you will receive notice of the outcome. If an appeal is filed, you may not begin any work until the appeal is settled. You may also need approvals from other agencies; please check this before beginning any activity.

This application expires 180 days after the last date that additional information is requested (LSMC 14316A.245)

If you suspect that your site contains a stream or wetland or is adjacent to a lake, you may need a permit from the state or federal government.

I DECLARE UNDER PENALTY OF THE PERJURY LAWS THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

Signature of Property Owner/Agent

Date of Application

By affixing my signature I certify that I am the legal owner of the property for which this application is issued or an authorized agent of the owner.

**Public Works**

1812 Main Street, P O Box 257

Lake Stevens WA 98258

Phone Number (425) 377-3235

To be completed by staff

Date of Application: _____

Staff Initials: _____

Permit Number: _____

STATEMENT OF OWNERSHIP/APPLICANT AUTHORITY

I certify or declare under penalty of perjury under the laws of the state of Washington that:

1. This application is authorized by the all the land owners with authority to bind the land/property;
2. That the developer is operating under the landowner's authority;
3. That the developer and/or landowner is either an individual or a duly formed and qualified corporation, partnership, or other legal entity; and
4. That the person signing all applications or other legal documents is authorized by the legal entity and/or landowner to do so; and
5. That the application and submittals are true and correct to the best of my information.

Applicant

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Property Owner(s)

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

Email address: _____

NOTE ON ENTERING PROPERTY

The City of Lake Stevens may enter onto the property, which is the subject of this application during the hours of 7:00 a.m. to 5:00 p.m., Monday – Friday, for the sole purpose of inspecting the limited area of the property, which is necessary to process this application. In the event the City determines that such an inspection is necessary during a different time or day, the City employees or agents will contact applicant verbally or in writing at least 24 hours before entering.

LEGAL DESCRIPTION

[illegible]