



6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267

PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

PERMIT CONTACT INFORMATION

| |
|---|
| FOR STAFF USE ONLY |
| Permit(s) Number(s): _____ |
| PROCESSED BY: _____ (Initials) DATE: ____/____/____ |

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

| | | | | |
|------------------------|--------------|-------|-----|--|
| Applicant _____ | | | | |
| Mailing Address _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail _____ | | | |

| | | | | |
|-----------------------------|--------------|-------|-----|--|
| Property Owner _____ | | | | |
| Mailing Address _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail _____ | | | |

| | | | | |
|-------------------------|---------------|-------------------------------|---------------|--|
| Contractor _____ | | | | |
| <i>If Applicable</i> | | | | |
| Mailing Address _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail: _____ | | | |
| State License # _____ | Expires _____ | City Business License # _____ | Expires _____ | |

| | | | | |
|---|---------------|-------|-----|--|
| Contact Person: _____ | | | | |
| <i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i> | | | | |
| Mailing Address: _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail: _____ | | | |

| | | | | |
|-----------------------------------|---------------|-------|-----|--|
| Design Professional: _____ | | | | |
| Mailing Address: _____ | | | | |
| Street Address | City | State | Zip | |
| Phone _____ | E-Mail: _____ | | | |

Signed: _____ **Print Name:** _____ **Date:** _____