



# CLEARING AND GRADING APPLICATION

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[PermitSpecialist@ci.mlt.wa.us](mailto:PermitSpecialist@ci.mlt.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

Permit # \_\_\_\_\_

**Single-Family Residential**

**Multi-Family**

**Commercial**

Job Site Address \_\_\_\_\_

Description of Work \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CONTACT INFORMATION

### OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Name \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### CONTRACTOR

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

State Lic. # \_\_\_\_\_

City Lic. # \_\_\_\_\_

## **SUBMITTAL APPOINTMENT REQUIRED (PLEASE CALL AT LEAST 48 HOURS IN ADVANCE)**

1. Cubic yards of material (gross cut + gross fill): \_\_\_\_\_  
**(Please attach two (2) copies of the gross cut AND gross fill volumes with supporting calculations)**

2. Plan sets required: Four (4)

**I certify to the best of my knowledge, the information provided on this application is true and correct.**

**Sign Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

### OFFICE USE ONLY

Received By \_\_\_\_\_ Date \_\_\_\_\_

Plan Check Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_