



TEMPORARY EROSION CONTROL APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
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. # _____

1. Estimated value of construction for work done under this application: \$ _____
(Please attach two (2) copies of a breakdown by quantity, unit price, type and total for each item)

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 _____

TESC Deposit \$ _____ Date _____

Street Invasion Deposit \$ _____ Date _____ Receipt Number _____

Total Balance Due \$ _____ Date _____ Receipt Number _____

Receipt Number _____