



APPLICATION

23204 58th Avenue West
Mountlake Terrace WA 98043
Phone 425-744-6267 Fax 425-778-6421
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Application # _____

BINDING SITE PLAN

SUBMITTAL APPOINTMENT REQUIRED (PLEASE CALL AT LEAST 48 HRS. IN ADVANCE)
REQUIRES MASTER LAND USE SUBMITTAL CHECKLIST

APPLICANT & CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Contact Name _____

Phone _____ Fax _____ E-mail _____

➤ Job Site

Address: _____

➤ Parcel/Tax Account Number (only if no address is available) _____

➤ Description of Proposal:

1. PROJECT SITE INFORMATION:

a. Size: _____ square feet _____ acre(s).

b. Existing Site Zoning: _____

North of site _____

South of site _____

East of site _____

West of site _____

c. Existing Site Comprehensive Policy Plan Designation: _____

North of site _____

South of site _____

East of site _____

West of site _____

d. Present Land Use of Site: _____
North of site _____
South of site _____
East of site _____
West of site _____

e. Site Condition:
Soils _____
Topography _____
Water sources _____
Drainage _____
Existing Vegetation _____

f. Utility Location:
Sewer _____ Size & Capacity _____
Water _____ Size & Capacity _____
Power _____ Telephone _____

g. Street and Right-of-way:
Proposed Streets: Public Private easement Public easement for utilities
Proposed right-of-way width _____
Adjacent right-of-way width and existing improvements of public streets: _____

h. Other:
School District _____
Park facilities _____
Covenants _____
Existing Easements _____
Amount of land proposed for public dedication _____

2. A Binding Site Plan may be approved only if the request is found to conform to all of the following criteria. Provide detailed responses to each of the following criteria (attach separate sheet as necessary).

a. How is the proposal in accordance with the Comprehensive Policy Plan?

b. How does the proposal comply with all the requirements of the zone classification in which the subject site is located, and the general provisions of the Zoning Ordinance?

c. Can the proposal be served by existing public facilities which may be necessary? If not, how will additional facilities needed be provided or accomplished?

➤ **Signed:**

APPLICANT _____ Date: _____

DECLARATION OF OWNERSHIP

I/we, the undersigned, declare that I/we are the owner(s) of the land described in this binding site plan application, and I/we further declare that I/we have no objections to the proposed land division and that there are no other persons having an ownership interest in this property except for purposes of financing or as otherwise reflected in the current title report.

(Attach Legal description of property)

Dated this _____ day of _____ 20_____.

Signature Signature

Printed Name Printed Name

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

On this ____ day of _____ 20____, _____ and _____ personally appeared before me and executed the foregoing instrument and acknowledged to me that he/she/they signed the same as his/her/their voluntary act for the use and purposes therein mentioned.

In witness whereof, I have set my hand and affixed my official seal.

Notary Public in and for the State of Washington

Residing at _____ My Commission expires: _____.

.....
OFFICE USE ONLY

Application Received by: _____ Date: _____
Fee Collected: _____ Receipt Number _____

CONTRACTOR / OWNER INFORMATION

It is the responsibility of the applicant to ensure that all applicable codes and ordinances are complied with and that all contractors and subcontractors are licensed to do work in the State of Washington and in the City of Mountlake Terrace.

PLEASE INSERT INFORMATION FOR ALL CONTRACTORS AND CONSULTANTS, AS APPLICABLE

OWNER

Name _____
 Address _____
 City _____ State _____ Zip _____
 Ph: _____ Fax _____
 E-mail _____

CONTRACTOR

Name _____
 Address _____
 City _____ State _____ Zip _____
 Ph: _____ Fax _____
 E-mail _____
 State Lic. # _____
 City Lic. # _____

ELECTRICAL / MECHANICAL / PLUMBING
 (Circle appropriate contractor)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____
 State Lic. # _____
 City Lic. # _____

ENGINEER

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____
 State Lic. # _____
 City Lic. # _____

ARCHITECT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____
 State Lic. # _____
 City Lic. # _____

OTHER

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____
 State Lic. # _____
 City Lic. # _____