

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 # _____

SUBDIVISION (Formal Plat or Short Plat)

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

APPLICANT & CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Contact Name _____

Phone _____ Fax _____ E-mail _____

Job Site Address: _____

$\frac{3}{4}$ Parcel/Tax Account Number (only if no address is available) _____

$\frac{3}{4}$ 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 deeded or dedicated land proposed _____

2. Number of New Lots Proposed: _____

3. Type of future use proposed: Residential, Commercial, Industrial. (circle one)

4. New Lot Information: *(For more than four lots, attach separate sheet)*

Lot No.	Size in Sq. Ft.	Cogo Submitted	Legal Description

Applicant Signature: _____ Date: _____

Print Name: _____

Use Land Use Master submittal checklist



Office Use Only

Received by: _____

Date _____

Fee: _____

Receipt No. _____

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 the City of Mountlake Terrace.

PLEASE INSERT INFORMATION FOR ALL APPROPRIATE CONTRACTORS AND CONSULTANTS

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. # _____