



23204 58th Avenue W
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@mltwa.gov
www.cityofmlt.com

TEMPORARY EROSION & SEDIMENTATION CONTROL (TESC) PERMIT

FOR STAFF USE ONLY

Permit # _____ Receipt # _____

Fee \$ _____ Plan Check Fee \$ _____

Total \$ _____

RECEIVED BY: _____ (Initials) DATE: ____/____/____

Check One: Single-Family Residential Multi-Family Commercial Other

Job Site Address: _____

Description of Work: _____

Project Value: \$ _____

Development Area (disturbed area in acres): _____

Submittal Requirements:

1. The [Permit Contact Information Form](#) (page 2) is required to accompany this application.

I certify the information provided on this permit application is true and correct.

Owner / Agent _____ Date _____

Print

Owner / Agent _____

Signature



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PERMIT CONTACT INFORMATION

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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:** _____