



23204 58<sup>th</sup> Avenue W  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267  
[PermitSpecialist@mltwa.gov](mailto:PermitSpecialist@mltwa.gov)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# CLEARING AND GRADING PERMIT

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

**Single-Family Residential**

**Multi-Family**

**Commercial**

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

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

\_\_\_\_\_

Project Value \$ \_\_\_\_\_

**A SUBMITTAL APPOINTMENT IS REQUIRED.** Please contact a permit specialist via email at [permitspecialist@ci.mlt.wa.us](mailto:permitspecialist@ci.mlt.wa.us) or call 425-744-6267 at least 48 hours in advance.

This permit application must include the following:

1. A completed [Permit Contact Information Form](#) (page 2) is required with this permit application.
2. Cubic yards of material (gross cut + gross fill): \_\_\_\_\_.
3. Please attach two (2) copies of the gross cut AND gross fill volumes with supporting calculations.
4. Plan sets required: Two (2)

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

<b>FOR STAFF USE ONLY</b>
<b>Permit(s) Number(s):</b> _____
<b>PROCESSED BY:</b> _____ (Initials) <b>DATE:</b> ____/____/____

**Project Name/Name of Business (If Applicable)** \_\_\_\_\_

**Subject Property Address** \_\_\_\_\_ **Suite No.** \_\_\_\_\_

**Parcel Number(s)** \_\_\_\_\_

<b>Applicant</b> _____				
<b>Mailing Address</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail</b> _____			

<b>Property Owner</b> _____				
<b>Mailing Address</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail</b> _____			

<b>Contractor</b> _____				
<i>If Applicable</i>				
<b>Mailing Address</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail:</b> _____			
<b>State License #</b> _____	<b>Expires</b> _____	<b>City Business License #</b> _____	<b>Expires</b> _____	

<b>Contact Person:</b> _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
<b>Mailing Address:</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail:</b> _____			

<b>Design Professional:</b> _____				
<b>Mailing Address:</b> _____				
Street Address	City	State	Zip	
<b>Phone</b> _____	<b>E-Mail:</b> _____			

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_