



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

PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
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:** _____