



Planning and Development Services

17544 Midvale Avenue North, Shoreline, WA 98133-4921
Telephone (206) 546-1811 ♦ Fax (206) 546-8761

Type
A B C
PROJECT TYPE

APPLICATION FORM AND AFFIDAVIT

NOTE: Please fill out in ink. Application forms in pencil will not be accepted.

Has a STOP WORK ORDER been issued for the property? (check one) Yes ___ No ___

PROJECT INFORMATION

Permit Type: _____ Construction Valuation: _____
Project Description: _____

PARCEL INFORMATION

Project Address: _____
(Leave blank if address is not assigned. For multiple addresses, attach a separate sheet.)
Parcel Number (Property Tax Account Number): _ _ _ _ _ -- _ _ _ _ _
Legal Description: _____

(Include all parcels. Attach additional sheets, if necessary.)

PROPERTY OWNER INFORMATION

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone - Day: _____ -- _____ Evening: _____ -- _____

Owner's Authorized Agent:

Address: _____ City: _____ State: _____ Zip: _____
Phone - Day: _____ -- _____ Evening: _____ -- _____

CONTRACTOR INFORMATION

Company Name: _____
Contact Person: _____ Phone: _____ -- _____
Address: _____ City: _____ State: _____ Zip: _____
Contractor's Registration No.: _____ Expiration Date: ___ / ___ / ___

I am the property owner or authorized agent of the property owner. I certify, under the laws of the State of Washington, and under penalty of perjury, that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Shoreline regulations pertaining to the work authorized by the issuance of a permit. I understand that issuance of this permit does not remove the owner's responsibility for compliance with state or federal laws regulating construction or environmental laws, including the Endangered Species Act of 1973, the Clean Water Act (33 USC §1251 et seq), Clean Air Act (42 U.S.C. §7401 et seq) Resource Consent and Recovery Act (42 U.S.C. §6901 et seq) and the Washington Model Toxics Control Act (Chapter 70.105D RCW).

Property Owner's Signature _____ Date _____
or
Authorized Agent's Signature _____ Date _____

For Office Use Only: SEPA _____ SEPA EXEMPT _____
Critical Areas Checklist Attached _____ Submitted Application Checklist Attached _____
Pre-Application (if Req.) Date _____ Pre-Application Reference # _____ Neighborhood Meeting _____
Application Received Date _____ Application Received by _____ Application Assigned to _____