



**King County**  
**Department of Development and Environmental Services**  
900 Oakesdale Avenue Southwest  
Renton, WA 98057-5212  
**206-296-6600** TTY Relay: 711

**Land Use Permit Application Form**

For alternate formats, call 206-296-6600.

Staff Use Only - Do not write in this box

Application

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Date Received (stamp)

**DO NOT WRITE ABOVE THIS DIVIDER**

I (We) request the following permit(s) or approval(s):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Binding site plan                          | <input type="checkbox"/> Public agency & utility exception        | <input type="checkbox"/> Site development permit                    |
| <input type="checkbox"/> Boundary line adjustment                   | <input type="checkbox"/> Reasonable use exception                 | <input type="checkbox"/> Site-specific comprehensive plan amendment |
| <input type="checkbox"/> Building permit                            | <input type="checkbox"/> Reuse of public schools                  | <input type="checkbox"/> Special district overlay removal           |
| <input type="checkbox"/> Conditional use permit                     | <input type="checkbox"/> Right-of-Way use permit                  | <input type="checkbox"/> Special use permit                         |
| <input type="checkbox"/> Critical areas alteration exception        | <input type="checkbox"/> Road variance                            | <input type="checkbox"/> Subdivision – Formal                       |
| <input type="checkbox"/> Linear <input type="checkbox"/> Non-linear | <input type="checkbox"/> Shoreline conditional use permit         | <input type="checkbox"/> Subdivision – Short                        |
| <input type="checkbox"/> Drainage variance or adjustment            | <input type="checkbox"/> Shoreline exemption                      | <input type="checkbox"/> Temporary use permit                       |
| <input type="checkbox"/> Period review for mining sites             | <input type="checkbox"/> Shoreline redesignation                  | <input type="checkbox"/> Urban planned development                  |
| <input type="checkbox"/> Plat alteration                            | <input type="checkbox"/> Shoreline substantial development permit | <input type="checkbox"/> Zone reclassification                      |
| <input type="checkbox"/> Plat vacation                              | <input type="checkbox"/> Shoreline variance                       | <input type="checkbox"/> Zoning variance                            |
| <input type="checkbox"/> P-suffix amendment                         |   |   |

I, \_\_\_\_\_, being duly sworn, state that I am the owner or officer of the corporation owning property described in the legal description filed with this application and that I have reviewed the rules and regulations of the Department of Development and Environmental Services (DDES) regarding the preparation and filing of this application and that all statements, answers and information submitted with this application are in all respects true, accurate and complete to the best of my knowledge and belief.

During the review of this application, it may be necessary for DDES staff to make one or more site visits. By signing this application form, you are giving permission for these visits. If it is rental property, the owner hereby agrees to notify tenants of possible site visits.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Company \_\_\_\_\_

Phone - - \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
STREET CITY ST ZIP

If applicable, state below the name, address and telephone number of the authorized applicant for this application as shown on the Certification and Transfer of Application Status form filed with this application.

Name \_\_\_\_\_

Phone - - \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_  
STREET CITY ST ZIP

**Send the posting package for the notice board for this application to:**

- the owner/applicant                       the consultant/agent (engineer, architect, etc.)

**Send letters, including those requesting additional information for this application, to:**

- the owner/applicant                       the consultant/agent

**Note:** Application forms and submittal requirements are subject to revision without notice.

**For Formal Subdivisions only:**

NAME OF SUBDIVISION			NAME (INDIVIDUAL)		
REGISTERED LAND SURVEYOR (COMPANY)			- -		
STREET ADDRESS			TELEPHONE		
CITY	STATE	ZIP	E-MAIL		
ENGINEER (COMPANY)			NAME (INDIVIDUAL)		
STREET ADDRESS			- -		
CITY			TELEPHONE		
STATE	ZIP	E-MAIL			
DEVELOPER (COMPANY)			NAME (INDIVIDUAL)		
STREET ADDRESS			- -		
CITY			TELEPHONE		
STATE	ZIP	E-MAIL			

**Land Surveyor's Certification**

I hereby certify that the accompanying plat has been inspected by me and conforms to all rules and regulations of the platting resolution and standards for King County, Washington.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

**Land Surveyor Seal**

**Check out the DDES Web site at [www.kingcounty.gov/permits](http://www.kingcounty.gov/permits)**