



King County
Department of Permitting
and Environmental Review
35030 SE Douglas Street, Suite 210
Snoqualmie, WA 98065-9266
206-296-6600 TTY Relay: 711
www.kingcounty.gov

COPY
RECEIVED

Land Use Permit
Application Form

AUG 07 2014 For alternate formats, call 206-296-6600.

Staff Use Only - Do not write in this box

Application **CITY OF SAMMAMISH**

SHR2014-0022, SSDP2014-00171

RECEIVED

JUL 31 2014

KING COUNTY
D.P.E.R.
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 checked="" 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, Gina Auld, 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 Permitting and Environmental Review (Permitting) 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 Permitting 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 Gina Auld, Capital Project Manager Signature *Gina Auld*

Company King County Department of Natural Resources and Parks, Parks and Recreation Division

Phone 206 - 724 - 1296 E-mail Gina.Auld@kingcounty.gov

Mailing Address 201 S. Jackson Street, Suite 700 Seattle WA 98104-3854

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 Jenny Bailey, Senior Planner, Parametrix

Phone 425 - 458 - 6351 E-mail JBailey@parametrix.com

Mailing Address 719 Second Avenue, Suite 200 Seattle WA 98104-

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 _____

REGISTERED LAND SURVEYOR (COMPANY) _____

NAME (INDIVIDUAL) _____

STREET ADDRESS _____

TELEPHONE _____

CITY STATE ZIP _____

E-MAIL _____

ENGINEER (COMPANY) _____

NAME (INDIVIDUAL) _____

STREET ADDRESS _____

TELEPHONE _____

CITY STATE ZIP _____

E-MAIL _____

DEVELOPER (COMPANY) _____

NAME (INDIVIDUAL) _____

STREET ADDRESS _____

TELEPHONE _____

CITY STATE ZIP _____

E-MAIL _____

Land Surveyor's Certification

Land Surveyor Seal

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 _____

Check out the Permitting Web site at www.kingcounty.gov/permits