



**CITY OF SULTAN
COMMUNITY DEVELOPMENT DEPARTMENT**

319 Main St. Sultan, WA 98294
Phone (360) 793-2231 Fax (360) 793-3344

Date Stamp Area

Staff Initials: _____

TYPE II PERMIT APPLICATION

Application for: Check all that apply

Boundary Line Adjustment

Short Plat

SEPA

Note: Staff can assist you in determining which permits are needed for your project.

Applicant:

Name: _____

Company Name: _____

Address: _____

Phone: _____
Fax: _____

Contact (if other than applicant):

Name: _____

Company Name: _____

Address: _____

Phone: _____
Fax: _____

Property Owner (if other than applicant):

Name: _____

Company Name: _____

Address: _____

Phone: _____
Fax: _____

Project and Property Information:

Tax Parcel Number(s): _____

Property Address or general location (if no address): _____

Project Zoning (check one): LMD MD HD HOD ED UC P/I

Acres/Square Feet: _____

Is property served by City water service? Yes No

Is property served by City sewer system? Yes No



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TYPE II PERMIT APPLICATION (CONTINUED)

Project Description: _____

Date of pre-application (if applicable): _____

Complete and attach submittal checklist(s) for each application being applied for.

For the applicant:

I am the owner or am authorized by the owner to sign and submit this application on their behalf. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete, and correct.

Signature of Applicant: _____ Date: _____

For the property owner:

I authorize the above applicant to submit this application on my behalf. I also grant permission for City staff and agents to enter onto the subject property for the sole purpose of making any inspection of the property which is necessary to process this application.

Signature of Property Owner: _____ Date: _____