



Public Works Application

- Public Works Director Waiver
Hearing Examiner Variance
Check one

Date received
Case #

Project Address:

Tax Assessor Parcel Number(s):

Project Description:

Applicant/Agent Primary contact for Application
Name Phone
Address Fax
City/State/Zip Email

Owner(s): Primary contact for Application
Name Phone
Address Fax
City/State/Zip Email

Property Owner:

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I grant permission for the City staff and agents to enter onto the subject property at any reasonable time to consider the merits of the application. 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.

I also acknowledge that by signing this application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

Signature by Owner/Applicant/Agent, Date