

TOWN OF EATONVILLE

201 Center Street West PO Box 309 Eatonville Washington 98328 Phone: 360-832-3361 FAX: 360-832-3977

PLANNING DEPARTMENT / 201 Center Street W / PO Box 309
360-832-3361 / Fax 360-832-3977

Date Received: _____

Application Fee \$ _____

Deposit Paid \$ _____

Permit # _____

In addition to the application fee, a Review deposit is required to start initial plan review. Any additional review/engineering fees incurred by Town will be passed through to applicant.

MASTER APPLICATION FOR LAND USE ACTIONS

Check all applications for which you are applying.

_____ BOUNDARY LINE ADJ _____ SEPA REVIEW _____ VARIANCE _____ OTHER _____
TYPE OF APPLICATION

_____ CONDITIONAL USE _____ NON-CONFORMING USE

_____ PRELIMINARY PLAT _____ SHORT PLAT / LONG PLAT (ORIG # _____ PROPOSED# _____)

_____ FINAL PLAT _____ BINDING SITE PLAN _____ REZONE – from _____ to _____

***** APPLICANT INFORMATION *****

Project Name: _____

Owner: _____ Address: _____

Phone: _____ Cell: _____ Business: _____

Authorized Agent/Contact Person _____ Email _____

Company Name _____ Cell: _____ Office Ph _____

Mailing Address _____

***** PARCEL INFORMATION *****

Site Address: _____ Parcel # _____

Legal Description: QTR SEC. _____ Section _____ Township _____ Range _____

Related Parcels: _____

Utility Sources: Water: _____; Sewer _____; Power: _____

****Include Development Plans including Site Plan (Drawn to scale)****

I, _____ being duly sworn, declare that I am the contract purchaser, agent or owner of the property involved in this application and that the foregoing statements and answers herein contained and the information herewith submitted are true in all respects and correct to the best of my knowledge and belief.

Owner Signature: _____ Date: _____

(OR an Authorized Agent signature if an "Owner Authorization" is signed and attached)

Authorized Agent Signature: _____ Date: _____