Type of Project Please check all that apply	Applicant Name:	
and attach submittal sheet(s):	Address:	
O Administrative Design Review	Representative (if different):	
O Administrative Use Permit	Représentative (n'univercity).	
O Boundary Line Adjustment	Phone:	Email:
O Amendment – Comprehensive Plan	Thone.	Linan.
O Amendment – Zoning Regulations	Property Owners (if different):	
O Amendment – Zoning Map *	Property Owners (in different).	
O Conditional Use Permit *	Phone:	Email:
O Conditional Use – Amendment *	Filone.	Eman.
O Detached Accessory Structure *		
O Development Plan – Preliminary *	Project Address:	
O Development Plan – Final		
O Development Plan – Amendment*	Brief Description of Project:	
O Plat Subdivision – Preliminary *		
• Plat Subdivision – Final *		
• Plat – Alteration/Vacation *		
O Reasonable Use Exception	Parcel Number(s):	Site Area (square footage):
O SEPA Checklist	racernamber(3).	Site Area (square rootage).
O Short Plat		
O Site Plan Review – Minor	Land Use Designation:	Zoning Designation:
O Site Plan Review – Major *		
O Site Plan Review – Final	F . (1)	
O Site Plan Review – Amendment*	Environmental sensitive areas on or within 150': Yes No	
O Variance – Major *	Physical Characteristics of Site:	
O Variance – Minor*		
O Variance – Sign		
O Other:		
	I certify that all of the information su	bmitted in this application including any
	-	

THE CITY OF FIRCREST Planning and Building

115 Ramsdell St Fircrest WA 98466 253-564-8902 www.cityoffircrest.net

supplemental information is true and complete to the best of my knowledge and I acknowledge that willful misrepresentation of information will result in the cancellation of this permit application. I have read this application in its entirety and understand that my submittal will be reviewed for completeness and, if found to be complete, will be processed in accordance with FMC 22.05.

Signature: _____ Date: _____

Signature: _____ Date: _____