



PERMIT/FILE NUMBER(S): _____
FEE: _____
RECEIPT # _____
DATE PAID: _____ For City Use Only

**City of Stanwood**

**Community Development**  
10220 270<sup>th</sup> Street NW | Stanwood, WA 98292

**MASTER PERMIT APPLICATION**

Permits requested: (check all applicable) **ATTACH 1 (one) copy of RESPECTIVE CHECKLISTS ALONG WITH REQUIRED ITEMS.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Annexation                   | <input type="checkbox"/> Landscape Plan                    | <input type="checkbox"/> Sign Variance              |
| <input type="checkbox"/> Appeal                       | <input type="checkbox"/> Landscape Modification            | <input type="checkbox"/> Site Development           |
| <input type="checkbox"/> Binding Site Plan            | <input type="checkbox"/> Modification to Site Dev.         | <input type="checkbox"/> Street Vacation            |
| <input type="checkbox"/> Boundary Line Adjustment     | <input type="checkbox"/> Preliminary Plat                  | <input type="checkbox"/> Transportation Concurrency |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Plat Modification                 | <input type="checkbox"/> Utility Extension          |
| <input type="checkbox"/> Conditional Use Permit       | <input type="checkbox"/> SEPA                              | <input type="checkbox"/> Zoning Code Amendment      |
| <input type="checkbox"/> Final Plat                   | <input type="checkbox"/> Shoreline Substantial Development | <input type="checkbox"/> Zoning Code Variance       |
| <input type="checkbox"/> Grading/Paving               | <input type="checkbox"/> Conditional Use                   | <input type="checkbox"/> Zoning Map Amendment       |
|   | <input type="checkbox"/> Variance                          | <input type="checkbox"/> Other _____                |
|   | <input type="checkbox"/> Short Plat                        |   |

**Applicant**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**Owner**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**Address and general location of property** (including nearest intersection): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all Assessor's Tax Account Numbers involved (all 14 digits):

\_\_\_\_\_  
 \_\_\_\_\_

Approximate acreage: \_\_\_\_\_

Present use of property: \_\_\_\_\_

Source of water supply, if any: \_\_\_\_\_

Method of sewage disposal, if any: \_\_\_\_\_

Explain your request and all proposed uses included in this proposal: \_\_\_\_\_

I hereby certify that all information is true and correct and that all owners of the property for the proposed project have signed this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**OWNERS SIGNATURES (Signature of the Property Owner of Record is required)**

1. Owner's Name (print) & Signature	
Address	Email
Phone Number	Fax Number

2. Owner's Name (print) & Signature	
Address	Email
Phone Number	Fax Number

3. Owner's Name (print) & Signature	
Address	Email
Phone Number	Fax Number

Attach additional sheets if necessary.

**ATTACH SUBMITTAL ITEMS REQUIRED ON RESPECTIVE CHECKLISTS**