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# LANDSCAPE & IRRIGATION PLAN REVISION

<b>FOR STAFF USE ONLY</b>	
Plan Check Fee \$ _____	Receipt _____
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

**Check all that apply:**       **Landscape Plan Change**       **Irrigation Plan Change**

Permit Numbers (associated with the request) \_\_\_\_\_

Project Name \_\_\_\_\_

Site Address \_\_\_\_\_

Description of Proposed Changes \_\_\_\_\_

Reason for Proposed Changes \_\_\_\_\_

**Submittal Requirements:**

- Two sets of revised plans – changes clouded in red and labeled
- One set of original plans (for reference)
- Electronic files for the above (files saved separately and labeled accordingly)

**APPROVED PLAN ITEM**

**PROPOSED CHANGE/SUBSTITUTION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I (we) certify the information provided on, and materials submitted with, this application are true and correct.

Owner name if different from agent \_\_\_\_\_

Owner concurrence signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent print name \_\_\_\_\_

Contact email \_\_\_\_\_ Contact phone \_\_\_\_\_