



6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

CIVIL SITE PERMIT APPLICATION

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Permit Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Single-Family Residential

Multi-Family

Commercial

Job Site Address: _____

Description of Work: _____

Estimated Value of Construction for Work Done with this Application: \$ _____

A SUBMITTAL APPOINTMENT IS REQUIRED. Please contact a permit specialist via email at permitspecialist@ci.mlt.wa.us or call 425-744-6267 at least 48 hours in advance.

This permit application must include the following:

1. A completed [Permit Contact Information Form](#) is required with this permit application.
2. Please attach two (2) copies of a Cost-estimate Breakdown by quantity, unit price, type and total for each item. Fees are due at time of application.
3. Plan sets required: Two (2)

I certify the information provided on this permit application is true and correct.

Owner / Agent _____ Date _____
Print

Owner / Agent _____
Signature



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PERMIT CONTACT INFORMATION

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Permit(s) Number(s): _____

PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Property Owner _____

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Contractor _____

If Applicable

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

State License # _____ Expires _____ City Business License # _____ Expires _____

Contact Person: _____

This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Design Professional: _____

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Signed: _____ Print Name: _____ Date: _____



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AFFIDAVIT of APPLICANT STATUS and Acceptance of Financial Responsibility for Project Fees

Please indicate which of the following options describes your project:

- Property Owner is Responsible for Fees and Application Materials
- Property Owner is Responsible for Fees and Someone Other than Property Owner (“Applicant”) is Responsible for Application Materials
- Someone Other than Property Owner (“Applicant”) is Responsible for Fees and Application Materials

Please fill out the Project Property Information, Property Owner Information, and Applicant Information (if applicable) sections below, check the appropriate boxes on page 2, and sign.

Project Property Information

Property Address: _____
Snohomish County Tax Parcel Number(s): _____
Development Name (if applicable): _____
Project Description: _____

Property Owner Information

Owner Name: _____ Company (if applicable): _____
Owner E-mail: _____ Title: _____
Owner Address: _____
Owner Phone: _____

Applicant Information (If Applicable)

Applicant Name: _____ Company (if applicable): _____
Applicant E-mail: _____ Contractor L7I No.: _____
Applicant Address: _____
Applicant Phone: _____

Affidavit of Applicant Status

Select one of the following:

- Owner hereby certifies that Owner is the legal owner(s) of the Project Property described above, and is legally entitled to acquire permits and approvals for the Project.
- Owner hereby certifies that Owner is the legal owner(s) of the Project Property described above. Owner further certifies that _____ (“Applicant”) is authorized to act on Owner’s behalf to acquire permits and approvals for the Project, and designates Applicant as the primary contact to work with City staff for such purposes.

Acceptance of Financial Responsibility

Select one of the following:

- As Owner(s), I/we accept financial responsibility for all fees associated with this permit for reviews and approvals performed by the City or contracted agencies. I/we agree to pay all permit fees, costs of review, and other associated fees, regardless whether the permit is issued or whether the application is canceled before permit issuance. Refunds will be mailed to Owner unless the City has received written authorization from Owner stipulating payment to a third party. If my/our address changes at any time before the City has received full payment for all fees billed or owing, I/we will immediately notify the City of the new address.
- As Applicant(s), I/we accept financial responsibility for all fees associated with this permit for reviews and approvals performed by the City or contracted agencies. I/we agree to pay all permit fees, costs of review, and other associated fees, regardless whether the permit is issued or whether the application is canceled before permit issuance. Refunds will be mailed to Applicant unless the City has received written authorization from Applicant stipulating payment to a third party. If my/our address changes at any time before the City has received full payment for all fees billed or owing, I/we will immediately notify the City of the new address. (Applicant(s) must sign below.)

Signatures

Property Owner’s Signature: _____ Date: _____

Property Owner’s Signature: _____ Date: _____

Applicant’s Signature (if applicable): _____ Date: _____

Applicant’s Signature (if applicable): _____ Date: _____