



City of Sumner Preliminary Plat Application

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5530 Fax: (253)299-5539
www.ci.sumner.wa.us

(Please fill out ALL fields unless otherwise noted)

File Number: _____

Site/Project Address (if available):		Parcel #:		
Owner:	Phone:	Email:		
Owner Address:		City:	State:	Zip:
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:	
Address:	Email:	City:	State:	Zip:
Contact Person:	Phone:	Fax:		
Contact Address:	Email:	City:	State:	Zip:

Description of Project:

Supporting Materials Required:

Office Applicant - (please check off all "applicant" boxes)

	<p>This Application Form and Checklist Preliminary Plat Drawing (Refer to SMC17.16.120) (Drawing shall include the following items)</p> <ul style="list-style-type: none"> ◇ Name of the proposed subdivision ◇ Vicinity sketch ◇ Critical Area Notices ◇ Geographic features indicated <ul style="list-style-type: none"> ○ Boundaries of the property to be subdivided ○ Property lines lying within the proposed subdivision ○ The location, right-of-way widths, pavement widths and names of all existing or platted streets ○ Location, widths and purposes of any existing easements ○ Location and size of existing sanitary, sewer, storm sewer and water lines ○ Location of existing sections and municipal corporation boundary lines ○ Location of any well used for water supply ○ Existing contour lines ○ Location of any existing structures lying within the proposed subdivisions ○ Geotechnical report may be required ○ Environmental constraints (wetlands, rivers, etc) delineated if any <p>Legal Description Title Report Mailing list of all property owners within 500 feet SEPA (SEPARATE checklist and application required – Please consult Staff)</p>	<p>4 - Full Sheet (24" x 36") 4 - Copies (11" x 17")</p> <p>2 - Copies 1 - Copy 2 - Sets of labels</p>
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I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

**BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)

SIGNATURE OF OWNER / AUTHORIZED AGENT

PRINTED NAME

DATE: ____/____/____