



# City of Sumner Wireless Facility Application

(Please fill out ALL fields unless otherwise noted)

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

**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:
<b>Description of Project:</b>				

### **Supporting Materials Required:**

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

	<p><b>This Application Form and Checklist</b></p> <p><b>Site Plan</b></p> <ul style="list-style-type: none"> <li>◇ Building envelope with building setbacks</li> <li>◇ Environmental constraints delineated</li> <li>◇ Streets in relationship to the proposed structure</li> <li>◇ Location of easements (if any)</li> <li>◇ Stormwater/open space locations</li> <li>◇ Location of fire hydrants</li> <li>◇ Fire access lanes</li> </ul> <p><b>SEPA (If required – Please consult Staff)</b></p> <p><b>Cover letter addressing criteria of SMC 18.37.020 or 18.37.030 as appropriate</b></p> <p><b>Structural Design and Calculations</b></p> <p><b>Total valuation of the project - REQUIRED</b></p>	<p><b>1 - Copy (8.5" x 11")</b> <b>4 - Full Sheet (24" x 36")</b></p> <p><b>2 - Copies</b></p> <p><b>4 - Full Sheet (24" x 36")</b></p> <p><b>\$ _____</b></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: \_\_\_\_/\_\_\_\_/\_\_\_\_