



MASTER APPLICATION

Planning/Land Use

Engineering

APPLICANT NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

PHONE:

FAX:

EMAIL:

***NOTE:** Per Milton Municipal Code 13.43.020: A. The City shall charge a 15% administrative fee on all reimbursable consultant accounts. All consultant fees paid by the City will be deducted from the applicant's deposit. The City will invoice the applicant for any excess cost above the deposit. The City will assess a one percent fee per month on all unpaid invoices over 30 days.

I am the responsible party for financial obligations for this project: Yes No

STATUS OF APPLICANT: Optionee
 Contract Purchaser
 Owner in Fee Simple

AGENT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

I am the responsible party for financial obligations for this project: Yes No

PROPERTY LOCATION: _____

LEGAL DESCRIPTION: (Attach separate page)

NAME OF PROJECT:

AREA (SQUARE FEET OR ACRES):

EXISTING ZONE:

COMPREHENSIVE PLAN DESIGNATION:

State of Washington

Ss:

County of Pierce/King

I, _____, being duly sworn, depose and say that I am a property owner or officer of the corporation owning property involved in this application and that I have familiarized myself with the rules and regulations of the City of Milton with respect to preparing and filing this application and that the foregoing statements, answers and information submitted presents the arguments on behalf of this application and are in all respects true and correct to the best of my knowledge and belief.

I also hereby acknowledge and agree that I or my agent will be responsible for all fees in excess of the initial deposit as set forth in the Milton Municipal Code 13.43.020, including, but not limited to, the cost of providing the City with one mylar and one paper copy of the final recorded document.

Address

Signature

City, State, Zip Code

For Corporation or Company

Phone

Subscribed and sworn to me _____ day of _____, 20
this _____

Notary Public in and for the State of Washington (Signature Required)

Printed Name

Residing at: _____

My commission expires: _____

Please answer all questions or indicate Not Applicable. Your application will be returned if not completed fully.

1. Existing Zoning District:

2. The purpose of this application is to (Please give complete project description/narrative):

3. List all buildings and land uses which are present on the property (should also be shown on site plans).

4. Describe existing land uses on adjoining properties.

NORTH:

EAST:

SOUTH:

WEST:

5. What effect will the proposed zoning and contemplated use of the subject property have on adjoining or neighboring properties?

6. To the best of your knowledge, was a reclassification request made on this property at the time of last area zoning or at any other time in the past?

7. Public or private roads by which access would be (or are provided) to the site.

8. Does the Milton Comprehensive Plan support this request? Please explain and cite Comprehensive Plan policies.

9. What estimated volume of traffic will be generated from this proposal?

10. You may submit any additional information which you believe will justify, clarify, or will assist in the review of your proposal. The City may, at any time, request further information or studies for these purposes.

11. All applications for rezone, shoreline, subdivision, conditional use, variance and unclassified use permits shall include name, mailing address and street address of property owners within 500 feet of the subject property. It is the applicant's responsibility to provide two copies of names and mailing addresses on collated address labels along with this application.