

LONG BEACH DEVELOPMENT PERMIT APPLICATION

Long Beach City Hall
 P.O. Box 310
 Long Beach, WA 98631
 Phone: (360) 642-4421

City _____
 Amount Received _____ Rec.No. _____
 Application Received By _____ Date: _____

OWNER/APPLICANT

Property Owner (legal) _____	Home Phone _____
Mailing Address _____	Business Phone _____
City/Town _____	Zip Code _____
Applicant _____	Home Phone _____
Mailing Address _____	Business Phone _____
City/Town _____	Zip Code _____
Applicant's Relation to Owner _____	

PROPERTY DESCRIPTION

Plat Name _____ Gov. Lot _____ Tract _____
 Lot _____ Block _____ Div. _____ Tax Lot _____
 Section _____ Township _____ Range _____ Lot Size _____
 Address/Road No./Name _____
 Current Assessor's Classification or Zoning _____
 Give Specific Directions to project _____

CONTRACTOR INFORMATION (Please list all general plumbing, electrical and septic tank contractors)

Contractor _____
 State License Number _____
 Contractor _____
 State License Number _____
 Contractor _____
 State License Number _____
 Contractor _____
 State License Number _____

PROPOSED DEVELOPMENT

NOTE: A Site Development Plan is Required Building Evaluation \$ _____

<input type="checkbox"/> Single Family Residence	_____ Bedrooms _____ Stories	
New Construction	<input type="checkbox"/> Alteration	<input type="checkbox"/> Plans Attached _____
<input type="checkbox"/> Mobile/Modular Home	_____ Length _____ Width _____	Date of Manufacture _____ D.L.I. Inspect. No. _____
<input type="checkbox"/> Multi-Family Residence	_____ Units _____ Stories	<input type="checkbox"/> Other _____
<input type="checkbox"/> Condominium	<input type="checkbox"/> Time Share	<input type="checkbox"/> Rental _____
<input type="checkbox"/> New Construction	<input type="checkbox"/> Alteration	<input type="checkbox"/> Plans Attached _____

- FOUNDATION 1-property lines 2-set backs
 PLUMBING 1-rough in
 POST & BEAM FRAMING WALLBOARD MECHANICAL INSULATION FINAL

Commercial Structure _____
 Non-Residential Structure _____
 Temporary Residence/Structure _____
 Other (describe) _____

- | | |
|---|--|
| 1. Does the proposal create a new tax parcel or subdivide your ownership? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Is the project within 200' of a river, stream, lake, bay, associated wetland, or the ocean? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Does the proposal involve or require crossing or filling of any wetlands, drainage systems or ditches? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Are there any existing buildings, dwellings, water supply systems, or sewage disposal systems on the subject property? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Does the proposal require the displacement, removal or placement of materials in excess of 50 cubic yards? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Does the proposal change the existing use or classification of the property? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Long Beach assumes no responsibility to notify applicants of state or federal permit requirements. If you think your project will require a state or federal permit, contact the Long Beach Planning Department for information.

I hereby certify that I have prepared this application and the site development plan and that, to the best of my knowledge the information provided is a complete, accurate and true representation of the proposed development. I further attest that I have the authority to submit this application and agree to comply with any and all conditions of development permit approval. I agree to provide any additional information required and understand that if the scope of the project is modified a new application may be required.

Application Submitted By: _____
(Signature) (Date)

NOTE: This application is valid for a period of six (6) months from date of submittal.