



## MASTER LAND USE APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT

33325 8<sup>th</sup> Avenue South

Federal Way, WA 98003-6325

Phone 253-835-2607

[www.federalwaywa.gov](http://www.federalwaywa.gov)

APPLICATION NO(S) \_\_\_\_\_ Date \_\_\_\_\_

Project Name \_\_\_\_\_

Property Address/Location \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

Project Description \_\_\_\_\_

### PLEASE PRINT

#### Type of Permit Required

- ☐ Annexation
- ☐ Binding Site Plan
- ☐ Boundary Line Adjustment
- ☐ Comp Plan/Rezone
- ☐ Land Surface Modification
- ☐ Lot Line Elimination
- ☐ Preapplication Conference
- ☐ Process I (Director's Approval)
- ☐ Process II (Site Plan Review)
- ☐ Process III (Project Approval)
- ☐ Process IV (Hearing Examiner's Decision)
- ☐ Process V (Quasi-Judicial Rezone)
- ☐ Process VI
- ☐ SEPA w/Project
- ☐ SEPA Only
- ☐ Shoreline: Variance/Conditional Use
- ☐ Short Subdivision
- ☐ Subdivision
- ☐ Variance: Commercial/Residential

#### Applicant

Name:  
Address:  
City/State:  
Zip:  
Phone:  
Fax:  
Email:  
Signature:

#### Agent (if different than Applicant)

Name:  
Address:  
City/State:  
Zip:  
Phone:  
Fax:  
Email:  
Signature:

#### Owner

Name:  
Address:  
City/State:  
Zip:  
Phone:  
Fax:  
Email:  
Signature:

#### Required Information

\_\_\_\_\_ Zoning Designation  
\_\_\_\_\_ Comprehensive Plan Designation  
\_\_\_\_\_ Value of Existing Improvements  
\_\_\_\_\_ Value of Proposed Improvements  
*International Building Code (IBC):*  
\_\_\_\_\_ Occupancy Type  
\_\_\_\_\_ Construction Type