



City of Edgewood, Washington

Department of Community Development

2224 104th Avenue East

Edgewood, WA 98372-1513

Phone (253) 952-3299 Fax (253) 952-3537

DESIGN STANDARDS REVIEW APPLICATION

Application # _____ Fee Collected: yes no / Amount \$ _____

Application Date : _____

Name of Applicant(s): _____

Applicant is: Owner Agent

Address of Applicant(s) _____

ZIP _____

Contact Phone Number: _____ Email: _____

Description of Project: _____

List the legal owner(s) for each lot and all parties holding a financial interest in the properties. Submit documentation to the City that all property owners agree to the proposed project.

Pierce County Tax Parcel #: _____

Legal Owner or Party of Interest: _____

Mailing Address: _____

Phone: _____ Email: _____

Submitted and Received:

- 4 copies of Design Standards Checklist
- Fee
- Letter from owner for agent approval to work on behalf. (if not the same as applicant)