



**CITY OF EDGEWOOD**  
 2224 104th Avenue East  
 Edgewood, WA 98372-1513  
 (253) 952-3299 Fax (253) 952-3537

Tracking #: \_\_\_\_\_

## TEMPORARY USE PERMIT APPLICATION

Project Name/Occupant:	Value of Construction:
Site Address: _____ City, State & Zip _____	Parcel Number: _____
Property Owner:	Phone: _____
Street Address: _____ City, State & Zip _____	Fax: _____ Email: _____
Contractor:	Phone: _____
Street Address: _____ City, State & Zip _____	Fax: _____ Email: _____
Engineer:	Phone: _____
Street Address: _____ City, State & Zip _____	Fax: _____ Email: _____

**Description of Work:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location of Work:** \_\_\_\_\_  
 \_\_\_\_\_

List Method(s) of Erosion Control (if required): \_\_\_\_\_

List Wetlands any Critical Areas within 150 feet of project: \_\_\_\_\_

**Owner/Authorized Agent:** If the applicant is other than the owner, registered architect/engineer, or contractor licensed by the State of Washington, a notarized letter from the property owner authorizing the agent to submit this permit application and obtain the permit will be required as a part of this submittal.

**I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON, AND I AM AUTHORIZED TO APPLY FOR THIS PERMIT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**Expiration of Application:** Applications for which no permit is issued within 180 days following the date of application shall expire by limitation. Prior to expiration, the building official may grant an extension for a period not exceeding 180 days upon written request by the applicant as defined in Chapter 1 of the Uniform Building Code (current edition). No application shall be extended more than once.

**STAFF USE ONLY:**

Date Application Accepted: \_\_\_\_\_ Date Application Expires: \_\_\_\_\_

**ALL TEMPORARY USE PERMIT APPLICATIONS MUST BE SUBMITTED WITH THE FOLLOWING:**

- **TWO (2) COMPLETE SETS OF PLANS.**
- ALL PLANS REQUIRING ENGINEERING ARE TO BE STAMPED BY AN ENGINEER LICENSED WITH THE STATE OF WASHINGTON.
- ALL DRAWINGS SHALL BE AT A LEGIBLE SCALE AND NEATLY DRAWN.

**PLEASE COMPLETE THE FOLLOWING CHECKLIST:**

N/A      SUBMITTED

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Complete Legal Description.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan <ol style="list-style-type: none"><li>1. North arrow and scale.</li><li>2. Property lines, dimensions, setbacks, names of adjacent roads, any proposed or existing easements.</li><li>3. Location of driveways, parking, loading &amp; service areas.</li><li>4. Limits of clearing/grading with existing and proposed topography at 2' intervals extending 5' beyond property boundaries.</li><li>5. Identify location of sensitive area slopes 20% or greater, wetlands, watercourses and their buffers.</li></ol> |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete description of project scope, project schedule and details, type(s) of equipment to be used, property restoration plan,   |
| <input type="checkbox"/> | <input type="checkbox"/> | Type and specifications of fill material to be used.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Vicinity map showing location of project.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Complete and accurate traffic control plan including method, date and time that traffic control will be in place.  |