

SITE PLAN APPLICATION



Planning and Land Use
 2224 104th Ave E
 Edgewood, WA 98372
 253.952.3299
comdev@cityofedgewood.org

FILE NUMBER: _____

A complete Site Plan Application shall include the following items:

- | | |
|--|--|
| <input type="checkbox"/> Signed and completed application form | <input type="checkbox"/> Completed submittal checklist |
| <input type="checkbox"/> Signed and completed owner authorization affidavit | <input type="checkbox"/> All required checklist items |
| <input type="checkbox"/> Signed and completed Financially Responsible Party Form | <input type="checkbox"/> Applicable fee(s) |

PROJECT NAME		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		

LEGAL OWNER(s) - Submit notarized documentation that all property owners agree to the proposed land action	
PRIMARY PARCEL NUMBER	PARCEL ADDRESS
ADDITIONAL PARCEL NUMBER(S)	

By my signature, I certify that I have reviewed all submittals for completeness and accuracy and that I have also reviewed and am familiar with the applicable elements of Edgewood's Comprehensive Plan and provisions of the Edgewood Municipal Code (EMC).

I also acknowledge my proposal shall not be approved unless the proposal conforms to those applicable elements and provisions, especially the specific criteria set forth for the particular type of decision under consideration.

Signature

Date

OWNER AUTHORIZATION AFFIDAVIT



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Parcel No.
Name
Mailing Address
Email
Phone

I/We, _____, am the legal owner(s) of the above parcel. I/We consent to the proposed project permit application as it has been made with the free consent and in accordance with the desires of the owner or owners.

I/We grant _____ permission to file and coordinate the project permit with the City of Edgewood on my behalf as an authorized agent for this proposed project.

Signature

Date

Signature

Date

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____

NOTARY PUBLIC in and for the State of Washington

residing at _____

FINANCIALLY RESPONSIBLE PARTY AFFIDAVIT



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PROJECT NAME		
RESPONSIBLE PARTY NAME		
BILLING ADDRESS (Street, City, State, Zip)		
CONTACT PERSON	PHONE	EMAIL

I, _____ understand that by signing below, I am agreeing to be the financially responsible party for the above listed project. Any and all fees for this project will be my responsibility to coordinate payment to ensure fees are paid within the required remittance timeframe. These fees include, but not limited to:

Permit Fees

Fees as outlines within the City of Edgewood Fee Schedule

Reimbursement of Costs (EMC 3.35.03)

“Costs incurred by the city for planning, engineering, legal or other professional services, which services are performed by an independent contractor or consultant for the city for the processing and/or review of permit applications, shall be reimbursed by the applicant in addition to the basic permit fee, if any. In addition, all costs directly attributable to the processing and/or review of a permit application charged by third party service providers and incurred by the city shall also be reimbursed by the applicant.”

Also referred to 3rd party review fees. The City will request an estimate for services, which will be invoiced and collected to be held as a Deposit on Account. When the service provider completes the all or portions of the review, the City will use your Deposit on Account to cover the invoiced fees. Projects may require multiple 3rd party reviews resulting in multiple invoices to the responsible party. The City will attempt to maintain a positive despot on account balance for the project through timely communication and invoicing. Project progress will depend on the responsible party maintaining a positively funded Deposit on Account balance.

I understand that any positive fund balance after the completion of the project will be returned to the above party via City Check. If at any point during the project, a new financially responsible party needs to be designated, The City of Edgewood will be notified and a new affidavit will be submitted.

Print Name: _____

Signature: _____

Date: _____