



SITE DEVELOPMENT PERMIT APPLICATION
City of Woodinville

Development Services Department

425-489-2754 • 17301 133rd Avenue NE • Woodinville, WA 98072

Desk Hours • Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm

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| PROJECT ADDRESS: | PERMIT NO.: |
| PROJECT NAME/TENANT NAME: | PARCEL No.: |
| OWNER'S NAME AND PHONE NUMBER: | ADDRESS (include CITY, STATE, ZIP): |
| PRIMARY CONTACT'S NAME: | ADDRESS (include CITY, STATE, ZIP): |
| PRIMARY CONTACT'S PHONE NUMBER: | PRIMARY CONTACT'S EMAIL ADDRESS: |
| CONTRACTOR & CONTACT NAME: | CONTRACTOR'S ADDRESS (include CITY, STATE, ZIP): |
| CONTRACTOR PHONE NUMBER & EMAIL ADDRESS: | LICENSE NUMBER & EXPIRATION DATE: |
| ENGINEER'S NAME, CONTACT PERSON, & PHONE NUMBER: | ENGINEER'S ADDRESS (include CITY, STATE, ZIP): |
| SURVEY FIRM'S NAME, CONTACT PERSON, & PHONE NUMBER: | SURVEY FIRM'S ADDRESS (include CITY, STATE, ZIP): |
| DESCRIPTION OF ACTIVITY PROPOSED: | |
| COST OF CONSTRUCTION (From site quantity work sheet): | |
| NUMBER OF CUBIC YARDS TO BE EXCAVATED: | NUMBER OF CUBIC YARDS TO BE FILLED: |

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge. I further agree to hold harmless the City of Woodinville as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Woodinville, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.

OWNER / OWNER'S AGENT - Must sign in ink

DATE