



**CITY OF BLACK DIAMOND
PLANNING DIVISION
MASTER APPLICATION**

OFFICE USE ONLY

| | |
|------------------|--|
| FILE # | |
| APPL TYPE | |
| FEE PAID | |

24301 Roberts Dr, PO Box 599 Black Diamond, WA 98010

Phone: (360)886-5700, Fax: (360)886-2592

NAME OF PROJECT/DEVELOPMENT:

ADDRESS/LOCATION OF PROPERTY:

OWNER NAME ADDRESS

EMAIL PHONE FAX

APPLICANT NAME ADDRESS

EMAIL PHONE FAX

CONTACT NAME ADDRESS

EMAIL PHONE FAX

BRIEF DESCRIPTION OF PROJECT:

| | | | | | |
|-----------|--|----------|------|------|--------|
| PARCEL #: | <i>*Legal Description must be attached</i> | 1/4 SEC: | SEC: | TWN: | RANGE: |
|-----------|--|----------|------|------|--------|

| | | |
|---------------------|---------|------------------------|
| SIZE (ACRES/SQ FT): | ZONING: | COMP PLAN DESIGNATION: |
|---------------------|---------|------------------------|

EXISTING LAND USE: _____

ADJACENT LAND USE: NORTH: _____ SOUTH: _____
EAST: _____ WEST: _____

DOES THE SITE CONTAIN ANY OF THE FOLLOWING ENVIRONMENTALLY SENSITIVE AREAS? CHECK ALL THAT APPLY:

FLOOD HAZARD AREA _____ LANDSLIDE HAZARD AREA _____ SEISMIC HAZARD AREA _____
COAL MINE HAZARD AREA _____ STEEP SLOPE HAZARD _____ WETLANDS _____ STREAMS _____

I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing and attached exhibits are true and correct. I further certify that I am the owner of the property described above or authorized to act on behalf of the above interested parties.

OWNER

| |
|------------|
| PRINT NAME |
| SIGNATURE |

APPLICANT/AGENT

| |
|------------|
| PRINT NAME |
| SIGNATURE |

CHANGES TO APPROVED APPLICATIONS WILL CONSTITUTE A NEW APPLICATION AND WILL BE SUBJECT TO FULL APPLICATION FFES.