



MASTER LAND USE APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT

33325 8th Avenue South

Federal Way, WA 98003-6325

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www.cityoffederalway.com

APPLICATION NO(S) _____ Date _____

Project Name _____

Property Address/Location _____

Parcel Number(s) _____

Project Description _____

PLEASE PRINT

Type of Permit Required

- Annexation
Binding Site Plan
Boundary Line Adjustment
Comp Plan/Rezone
Land Surface Modification
Lot Line Elimination
Preapplication Conference
Process I (Director's Approval)
Process II (Site Plan Review)
Process III (Project Approval)
Process IV (Hearing Examiner's Decision)
Process V (Quasi-Judicial Rezone)
Process VI
SEPA w/Project
SEPA Only
Shoreline: Variance/Conditional Use
Short Subdivision
Subdivision
Variance: Commercial/Residential

Applicant

- Name:
Address:
City/State:
Zip:
Phone:
Fax:
Email:
Signature:

Agent (if different than Applicant)

- Name:
Address:
City/State:
Zip:
Phone:
Fax:
Email:
Signature:

Owner

- Name:
Address:
City/State:
Zip:
Phone:
Fax:
Email:
Signature:

Required Information

- Zoning Designation
Comprehensive Plan Designation
Value of Existing Improvements
Value of Proposed Improvements
International Building Code (IBC):
Occupancy Type
Construction Type