



CITY OF
SUMNER
WASHINGTON

City of Sumner Parcel Information Application

(Please fill out ALL fields unless otherwise noted)

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5530 Fax: (253)299-5539
www.ci.sumner.wa.us

File Number: _____

Site/Project Address (if available):		Parcel #:		
Owner:	Phone:	Email:		
Owner Address:		City:	State:	Zip:
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:	
Address:	Email:	City:	State:	Zip:
Contact Person:	Phone:	Fax:		
Contact Address:	Email:	City:	State:	Zip:
Description of Project:				

<p>Current Zoning</p> <p>Description of the requested information;</p> <p style="text-align: center;">_____</p> <p>Required fee: \$250.00</p> <p>Other information as applicable</p>	
--	--

NOTES:

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE OF OWNER / AUTHORIZED AGENT

PRINTED NAME

DATE: ____/____/____