



CITY OF
SUMNER
WASHINGTON

City of Sumner Design Review Application

(Please fill out ALL fields unless otherwise noted)

Community Development
1104 Maple Street
Sumner, WA 98390
Tel. (253)299-5530
www.sumnerwa.gov

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:

Supporting Materials Required:

Office Applicant - (please check off all "applicant" boxes)

All Architectural Elevations in Color Including a Plan View
(Note for applicant – Elevations may be on a single sheet)

Landscape Plan in Color
(Note for applicant – Landscape plans must be prepared per SMC Chapter 18.41)

Site Plan

Prepared, stamped, and dated by a licensed surveyor to scale including ALL items below:

- Vicinity map
- Zoning of the site
- Property line dimensions and square footage
- Proposed building locations; setbacks from property lines and distance between structures
- Proposed trash/recycling location indicating screening
- Outside Storage areas indicated (if any)
- All major man-made features; drainage ditches, railroad tracks, stormwater facilities, etc.
- Environmental constraints identified and delineated (if any) such as wetlands, rivers, streams, slopes
- Location of all signage to be proposed including materials proposed, lighting, size, per SMC18.44
- Paved areas including parking, maneuvering areas, loading areas, handicapped stalls, walkways, etc
- Calculations of total landscape area, vehicular use area, and building area

Pdf copy of all submitted documents - consult with Planning department for paper copy amounts and sizing

Materials to bring to the Design Review Meeting:

Architectural elevations and Landscape Plan in color 1 each - 24"x 36" Foam board mounted OR PDF on CD

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: ____/____/____