



City of Sumner Zoning Verification Letter Application

(Please fill out ALL fields unless otherwise noted)

Community Development
cd@sumnerwa.gov

(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:

- ☐ Current Zoning (if known) _____
- ☐ Attached separate list of requested information
- ☐ Required fee of \$250.00
- ☐ Any other applicable information

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: ____/____/____