



City of Sumner Conditional Use Permit Application

(Please fill out ALL fields unless otherwise noted)

File Number: _____

(253)299-5530
www.sumnerwa.gov

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)

This Application Form and Checklist

Site Plan

(No site plan required for interior tenant improvements)

Building envelope with building setbacks
Environmental constraints delineated
Streets in relationship to the proposed building
Location of easements (if any)
Stormwater/open space locations
Parking configuration
Accessible spaces
Location of fire hydrants
Fire access lanes

4 - Copies (11" x 17")

1 - Full Sheet (24" x 36")

Floor Plans

Identification of the use of all areas
Proposed use of the spaces and storage arrangements
Design Review Conditions added to plans (if applicable)

4 - Copies (11" x 17")

1 - Full Sheet (24" x 36")

Cover letter addressing criteria of SMC18.48.050

1 - Copy

Mailing list of all property owners within 500 ft, 1000 if project is in the M1 zone **2 - Sets of labels**
Permit fee **(Please consult the Permit Specialist for the fee amount)**

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.

****BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT. (building permits only)**

SIGNATURE OF OWNER / AUTHORIZED AGENT

PRINTED NAME

DATE: ____/____/____