



# City of Sumner Zoning Verification Letter Application

(Please fill out ALL fields unless otherwise noted)

**File Number:** \_\_\_\_\_

(253)299-5530

[www.sumnerwa.gov](http://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:
<b>Description of Project:</b>				

<b>Supporting Materials Required:</b>	
<input type="checkbox"/> Current Zoning (if known) _____ <input type="checkbox"/> Attached separate list of requested information <input type="checkbox"/> Required fee of \$250.00 <input type="checkbox"/> 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.**

\_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SIGNATURE OF OWNER / AUTHORIZED AGENT                      PRINTED NAME