



# SUBDIVISION APPLICATION

6100 219<sup>th</sup> Street SW, Suite 200  
Mountlake Terrace, WA 98043  
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[PermitSpecialist@ci.mtl.wa.us](mailto:PermitSpecialist@ci.mtl.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

Application # \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Binding Site Plan (Commercial Plat) | <input type="checkbox"/> Boundary Line Adjustment | <input type="checkbox"/> Fee Simple Unit Lot |
| <input type="checkbox"/> Preliminary Formal Plat             | <input type="checkbox"/> Final Formal Plat        | <input type="checkbox"/> Short Plat          |

Job Site Address \_\_\_\_\_

Name of Plat \_\_\_\_\_

Description of Proposal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTACT INFORMATION

### CONTACT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Name \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Land Use Data (complete the following):

- |  |  |
|--|--|
| 1. Total Acreage _____                 | 2. No. of Lots (total) _____                                       |
| 3. No. of New Lots Proposed _____      | 4. Dwellings per Gross Acre _____                                  |
| 5. Minimum Lot Size _____              | 6. Maximum Lot Size _____  |
| 7. Average Lot Size _____              | 8. Land Area in Streets _____<br>(or Access Tract)                 |
| 9. Land Area in Open Space _____       | 10. Land Area in Park _____  |
| 11. Zoning _____                       | 12. Comp Plan _____  |
| 13. Date of Prel. Plat Approval _____  | 14. AFN No. _____<br>(for preliminary plat conditions of approval) |
| 15. Concurrent PUD? _____ Yes _____ No |  |

**Project Site Information:**

1. Lot Size in: Square Feet \_\_\_\_\_ In Acre(s) \_\_\_\_\_
2. Existing Site Zoning: \_\_\_\_\_  
Adjacent Zoning North of Site \_\_\_\_\_ South of Site \_\_\_\_\_  
Adjacent Zoning East of Site \_\_\_\_\_ West of Site \_\_\_\_\_
3. Existing Site Comprehensive Plan Designation \_\_\_\_\_  
Adjacent Designation North of Site \_\_\_\_\_ South of Site \_\_\_\_\_  
Adjacent Designation East of Site \_\_\_\_\_ West of Site \_\_\_\_\_
4. Present Land Use: \_\_\_\_\_  
North of Site \_\_\_\_\_ South of Site \_\_\_\_\_  
East of Site \_\_\_\_\_ West of Site \_\_\_\_\_
5. Number of New Lots Proposed: \_\_\_\_\_
6. Type of Future Use Proposed (Residential, Commercial, Industrial): \_\_\_\_\_
7. New Lot Information (*for more than four lots, attached separate sheet*):

Lot No.	Size in Sq. Ft.

**I certify to the best of my knowledge, the information provided on this application is true and correct.**

**Sign** Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

**Print** Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Received By \_\_\_\_\_ Date \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_



# CONTACT INFORMATION

PLEASE INSERT INFORMATION FOR ALL CONTRACTORS OR CONSULTANTS, AS APPLICABLE

LANDOWNER	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph:	_____ Fax _____
E-mail	_____

LANDOWNER	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Ph:	_____ Fax _____
E-mail	_____

ARCHITECT	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____

CIVIL ENGINEER	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____

SURVEYOR	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____

OTHER	
Name	_____
Address	_____
City	_____ State _____ Zip _____
Phone	_____ Fax _____
E-mail	_____