



CITY OF BLACK DIAMOND
PLANNING DIVISION
MASTER APPLICATION

OFFICE USE ONLY

FILE #	
APPL TYPE	
FEE PAID	

24301 Roberts Dr, PO Box 599 Black Diamond, WA 98010
 Phone: (360)886-2560, Fax: (360)886-2592

NAME OF PROJECT/DEVELOPMENT:			
ADDRESS/LOCATION OF PROPERTY:			
OWNER NAME		ADDRESS	
EMAIL	PHONE	FAX	
APPLICANT NAME		ADDRESS	
EMAIL	PHONE	FAX	
CONTACT NAME		ADDRESS	
EMAIL	PHONE	FAX	

BRIEF DESCRIPTION OF PROJECT:

PARCEL #:	<i>*Legal Description must be attached</i>	1/4 SEC:	SEC:	TWN:	RANGE:
SIZE (ACRES/SQ FT):	ZONING:		COMP PLAN DESIGNATION:		

EXISTING LAND USE: _____

ADJACENT LAND USE: NORTH: _____ SOUTH: _____
 EAST: _____ WEST: _____

DOES THE SITE CONTAIN ANY OF THE FOLLOWING ENVIRONMENTALLY SENSITIVE AREAS? CHECK ALL THAT APPLY:

FLOOD HAZARD AREA _____ LANDSLIDE HAZARD AREA _____ SEISMIC HAZARD AREA _____
 COAL MINE HAZARD AREA _____ STEEP SLOPE HAZARD _____ WETLANDS _____ STREAMS _____

I certify under penalty of perjury, under the laws of the State of Washington, that the foregoing and attached exhibits are true and correct. I further certify that I am the owner of the property described above or authorized to act on behalf of the above interested parties.

OWNER

PRINT NAME
SIGNATURE

APPLICANT/AGENT

PRINT NAME
SIGNATURE

CHANGES TO APPROVED APPLICATIONS WILL CONSTITUTE A NEW APPLICATION AND WILL BE SUBJECT TO FULL APPLICATION FEES.