



GENERAL APPLICATION FORM
*City of Redmond Department of Planning and Community
 Development*
 15670 NE 85th Street, P.O. Box 97010, Redmond, WA 98073-9710

Dev # _____
 File # L _____

This form must be completed (clearly printed or typed) to file an application. Additional materials are required for specific types of applications. For questions, contact the Development Services Center at (425) 556-2473. All applications must be filed in person.

FOR STAFF USE ONLY

Type of Review Process (circle one): I II III IV V VI	Permit Type:	Received By:	Date Received:
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BASIC PROJECT INFORMATION

Project / Development Name:				
Project / Development Street Location:				
Assessor Parcel Number (include 10-digit parcel number for all parcels within project boundaries):				
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:33%;"></td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> </table>				
Land Area of Project Site (sq. ft. or acres):	Zoning:			

ADDITIONAL PROJECT INFORMATION (complete all applicable information)

Brief Project Description:	
Type of Proposed Use:	
For Multi-Use Projects, Show Amounts for Each Use (in square feet): <input type="checkbox"/> Residential _____, <input type="checkbox"/> Retail _____, <input type="checkbox"/> Office _____, <input type="checkbox"/> Manufacturing _____, <input type="checkbox"/> Other _____	
Number of Existing Dwelling Units:	Number of Proposed Residential Dwelling Units:
Existing Building Sq. Ft. (non-residential):	Proposed Building Sq. Ft. (non-residential)
Number of Existing Lots:	Number of Proposed Lots:
Will any buildings be demolished: <input type="checkbox"/> no <input type="checkbox"/> yes. If yes, size in sq. feet _____; or number of dwelling units _____	

APPLICANT/DEVELOPER

Name (please print):	Phone #
Street Address	City State Zip
<i>(By my signature, I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on the behalf of the signatories of the authorization below.)**</i>	
Signature: _____	Date: _____
E-mail Address _____	

CONTACT (primary contact regarding this application if other than applicant, and to whom all notices and reports shall be sent)

Name (please print):	Phone #
Street Address	City State Zip
<i>(By my signature, I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on the behalf of the signatories of the authorization below.)**</i>	
Signature: _____	Date: _____
E-mail Address: _____	

AUTHORIZATION TO FILE SIGNATURE (all persons with an ownership interest in property)

Name (please print): Address Phone #: () Assessor Parcel Number Signature _____	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Option Purchaser** Option Expiration Date: _____	FOR STAFF USE ONLY Name: Date: Receipt No: Fee Paid: Total Fee:
	Name (please print): Address Phone #: () Assessor Parcel Number Signature _____	

** Documentation demonstrating authorization to sign development applications on behalf of the Applicant/Developer is required.