

MUD PUPPY ESTATES SUBDIVISION

an

application to divide 2.3 acres into 33 single family residential lots

Project Information:

Location: 595 Westminster Way
 Parcel Number: 123456-789
 Legal Description: Lot #24, T7N; R6W; NW ¼ Section 37
 Zoning: R1-10
 Plan Designation: UL

Applicant:

Tom Smith
 1245 Weimaraner Way
 Dogtown, WA 09876
 (221) 556-1921 [phone]
 (221) 555-1917 [fax]

Property Owner:

Joe Jones
 617 Papillon Place
 Dogtown, WA 09876
 Jjones2@dog.net
 (221) 555-3452 [phone]
 (221) 555-2310 [fax]

Contact:

Sara Smith
 184 Corgi Court
 Dogtown, WA 09876

DEVELOPMENT REVIEW APPLICATION FORM

(Form DS1000-Revised 12/23/04)



PROJECT NAME: Mudd Puppy Flats		
TYPE(S) OF APPLICATION (See Reverse Side):		
Subdivision DESCRIPTION OF PROPOSAL: Divide 2.3 acres into 33 single family residential lots		
APPLICANT NAME: Tom Smith		Address: 12345 Weimaraner Way Dogtown, WA 09876
E-mail Address: Tsmith@dog.net		Phone and Fax: (221) 555-1921 (221) 555-1917
PROPERTY OWNER NAME (list multiple owners on a separate sheet): Joe Jones		Address: 617 Papillon Place Dogtown, WA 09876
E-mail Address: Jjones2@dog.net		Phone and Fax: (221) 555-3452 (221) 555-2310
CONTACT PERSON NAME (list if not same as APPLICANT): Sara Smith		Address: 1804 Corgi Court Dogtown, WA 09876
E-mail Address: Sasmith@dog.net		Phone and Fax: (221) 555-2341 (222) 555-1621
PROJECT SITE INFORMATION:		
Site Address: 595 Westminster Way		
Cross Street: Toad Lane	Zoning: R1-10	Serial #'s of Parcels: 123456-789
Overlay Zones: N/A	Legal: #24	Acreage of Original Parcels: 2.3 acres
Township: T7N	Range: 6W	¼ of Section: NW - 37

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AUTHORIZATION

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient cause for denial of the request. This application gives consent to the County to enter the properties listed above.

Sara Smith

April 1, 2005

Authorized Signature

Date

For Staff Only:

CASE NUMBER:	
WORK ORDER NUMBER:	