



Permit #: _____

Application Date: _____

Project #: _____

Community Development
1000 Laurel Street
Milton, WA 98354
Phone: 253-922-8738
Fax: 253-922-3466
www.cityofmilton.net

City of Milton CIVIL PERMIT APPLICATION

#1 (Please check all that apply)

_____ Drainage	_____ SEPA	_____ Right of Way
_____ Clearing & Grading	_____ Sewer	

#2 - PROJECT

Site Address: _____

Project # _____

Tax Parcel Number(s): _____

Current Zoning _____

#3 - DESCRIPTION OF WORK (ATTACH A SEPARATE SHEET, IF NEEDED)

Description of Work: _____

#4 - PROPERTY OWNER/*CONTACT INFORMATION (*This person is designated to receive all Project communications)

Applicant: _____

Phone: _____

Address: _____

Email: _____

Property Owner: _____

Phone: _____

Address: _____

Lien Holder: _____

Phone: _____

Address: _____

CONTACT: _____

PHONE: _____

COMPANY: _____

#5 - CONTRACTOR INFORMATION

Contractor: _____

Phone: _____

Address: _____

Contractor's License #: _____

Expiration Date: _____

#6 - ARCHITECT/DESIGNER & ENGINEER INFORMATION

Architect/Designer: _____

Phone: _____

Address: _____

Fax: _____

Engineer: _____

Phone: _____

Address: _____

Fax: _____

#7 - CLEARING, FILLING, AND/OR GRADING PERMIT:

Project Number: _____

- Total Area of Property (square feet): _____
- Total Area of Land Clearing or Disturbance Proposed (square feet): _____
- Total Cut or Excavated Material (cubic yards): _____
- Total Fill or Imported Material (cubic yards): _____
- Total Area of Impervious Surface added as a result of this work (square feet): _____
- Environmental checklist included (if applicable)? Yes No
- Identify any Stream, Drainage Course, Wetlands, or Lake on or within 250 feet of the property:

- List any known or suspected critical areas identified on or within 250 feet of the property:

- Check and circle the types of Vegetation found on the property (*may require a professional opinion*):
 ___ Deciduous Tree: Alder, Maple, Aspen, Other ___ Evergreen Tree: Fir, Cedar, Pine, Other
 ___ Shrubs ___ Grass ___ Pasture ___ Crop or Grain
 ___ Wet Soil Plants: Cattail, Buttercup, Bulrush, Skunk Cabbage, Other
- Is a Temporary Erosion and Sediment Control Plan being submitted?: _____
- Name and Phone Number of TESC Lead: _____

This is not a complete list of requirements. Please refer to the City of Milton Development Guidelines and Public Works Standards, and the Milton Municipal Code.

#8 - STORMWATER DRAINAGE PERMIT

- Is a Stormwater Site Plan being submitted?: _____
- Is a Stormwater Pollution Prevention Plan being submitted?: _____
- Is a Temporary Erosion and Sediment Control Plan being submitted?: _____
- Name and Phone Number of TESC Lead: _____
- Total area of Impervious Surface added: _____

This is not a complete list of requirements. Please refer to the City of Milton Development Guidelines and Public Work Standards, the Milton Municipal Code, and the Department of Ecology's Storm Water Management Manual for Western Washington.

#9 - RIGHT OF WAY PERMIT

Project Number: _____

Start Date: _____

***Permit Fee: \$50.00** (for each street opening up to 100 lineal feet plus \$.20 per foot for each additional lineal foot)

End Date: _____

Improvement Cost: _____

*** Performance Bond:** \$5,000 or 1.25 x the cost of improvements, whichever is greater, and good for 2 years.

Bond Amount: _____

Bond Number: _____

Date Received: _____

*** Cert. of Insurance:** City of Milton must be added as Additional Insurer (in "Description of Operations" box near the bottom of the page)

*** Traffic Plan**

