



FOR OFFICE USE ONLY
 Permit #: _____
 Project #: _____

Application Date: _____

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

**City of Milton
 CIVIL/STORM PERMIT APPLICATION**

#1 (Please check all that apply)

Civil Site Approval

Right of Way/Street Use Permit

#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: _____

Email: _____

Lien Holder: _____

Phone: _____

Address: _____

Email: _____

CONTACT: _____

PHONE: _____

COMPANY: _____

EMAIL: _____

#5 - CONTRACTOR INFORMATION

Contractor: _____

Phone: _____

Address: _____

Email: _____

Contractor's License #: _____

Expiration Date: _____

#6 - ARCHITECT/DESIGNER & ENGINEER INFORMATION

Architect/Designer: _____

Phone: _____

Address: _____

Email: _____

Engineer: _____

Phone: _____

Address: _____

Email: _____

#8 - CIVIL/STORMWATER PERMIT CHECKLIST

- Site Plan
- Stormwater Pollution Prevention Plan
- Erosion and Sediment Control Plan
- Stormwater/Drainage Report

- 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 for guidance on complete submittals.

#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**

#10 - NOTICE

I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Owner/Contractor/Authorized Agent

Date

#11 - STAFF COMMENTS
