



Community Development
Permit Division

806 West Main Street, Monroe, WA 98272
Phone (360) 794-7400 Fax (360) 794-4007
www.monroewa.gov

FOR OFFICE USE ONLY
PERMIT FILE #
APPLICATION #CA2025-04
SEPA #

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS
MONDAY - FRIDAY 8:00 - 12:00 / 1:00 - 5:00

Building Operations Fire Land Use
[ ] Basic SFR [ ] Engineering Review [ ] Fire Alarm [ ] Type I Permit
[ ] Commercial T/I [ ] Fencing [ ] Fire Sprinkler [ ] Type II Permit
[ ] Demolition [ ] Grading [ ] High Piled Storage [ ] Type III Permit
[ ] Garage/Carport [ ] Retaining wall [ ] Hood Suppression [ ] Type IV Permit
[ ] Mechanical [ ] Rockery [ ] Operational [ ] See permit types listed on
[ ] New Construction (Commercial/Residential) [ ] Right-of-Way Disturbance [ ] Spray Booth attached form
[ ] Plumbing [ ] Utility Service [ ] Tents & Canopies [ ] Other
[ ] Racking [ ] Other Code Amendment
[ ] Residential Remodel
[ ] Other

NOTE: All required Electrical Permits will be issued by the Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location:

Size of site (acre/square feet):

Assessor's Tax Parcel Number (14 digits):

Applicant: Phone #

\*Signature: Anita Marrero Printed Name:

Mailing Address: Fax #

City State Zip E-mail

Property Owner: Phone #

\*\*Signature: Printed Name:

Mailing Address: Fax #

City State Zip E-mail

Attach a separate sheet for additional property owners/additional addresses

\*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

\*\*Property Owners: by your signature above, you hereby certify that you have authorized the above applicant to make application on your behalf for this application.

**City of Monroe**  
**Land Use Permit Application- Page 2**



**Forest Tax Reporting Account Number** (if harvesting timber call the Department of Revenue at (800) 548-8829 for tax reporting information or to receive a tax number):

**Give a detailed description below of the proposal / work.** Provide details specific to your application e.g., current and proposed lot sizes, number of lots, description of driveway, description of proposed business including hours of operation, number of employees, existing and proposed parking spaces.

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Planning Application Fee: \_\_\_\_\_ Publication Fee: \_\_\_\_\_

Fire Plan Check Fee: \_\_\_\_\_ Mailing Fee: \_\_\_\_\_

SEPA Fee: \_\_\_\_\_ Technology Fee: \_\_\_\_\_

Hearing Examiner Deposit required (\$2,500.00):

Consultant review fee (if applicable) – Deposit for estimated cost + 10% Admin fee:

\_\_\_\_\_

**TOTAL FEES:** \_\_\_\_\_