



**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 # _____
SEPA # _____

COMBINED PERMIT APPLICATION

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

Building	Operations	Fire	Land Use
<input type="checkbox"/> Basic SFR	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Type I Permit
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Type II Permit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input checked="" type="checkbox"/> Type III Permit
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Type IV Permit
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Rockery	<input type="checkbox"/> Operational	<input type="checkbox"/> See permit types listed on attached form
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Other _____
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Tents & Canopies	
<input type="checkbox"/> Racking	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Residential Remodel			
<input type="checkbox"/> 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: SEE ATTACHED

Size of site (acre/square feet): 28.72

Assessor's Tax Parcel Number (14 digits): SEE ATTACHED

Applicant: South Lake Ridge, LLC Phone # ((425)) 308-5101

*Signature: *Patrick McCourt* Printed Name: PATRICK MCCOURT

Mailing Address: 10515 20th St SE, STE 202 Fax # (____) _____

City Lake Stevens State WA Zip 98258 E-mail pmccourt@landprogrp.com

Property Owner: JM1 Holdings, LLC Phone # (____) _____

**Signature: *Tim Kaintz* Printed Name: Tim Kaintz

Mailing Address: 10515 20th St SE, STE 101 Fax # (____) _____

City Lake Stevens State WA Zip 98258 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.**



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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 Right-of-Way Disturbance Spray Booth attached form
(Commercial/Residential) Utility Service Tents & Canopies Other
Plumbing Other
Racking
Residential Remodel
Other

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Size of site (acre/square feet): 28.72
Assessor's Tax Parcel Number (14 digits): SEE ATTACHED

Applicant: South Lake Ridge, LLC Phone # ((425)) 308-5101
*Signature: Printed Name:
Mailing Address: 10515 20th St SE, STE 202 Fax # ()
City Lake Stevens State WA Zip 98258 E-mail pmccourt@landprogrp.com

Property Owner: Douglas W. Connelly, Louise B. Connelly Phone # (425) 742-2700
**Signature: Signed by: Douglas W. Connelly Louise B. Connelly Printed Name: Douglas W. Connelly Louise B. Connelly
Mailing Address: 707 39th Ave SE, APT A464 Fax # ()
City Puyallup State WA Zip 98374 E-mail

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Size of site (acre/square feet): 28.72

Assessor's Tax Parcel Number (14 digits): SEE ATTACHED

Applicant: South Lake Ridge, LLC Phone # ((425)) 308-5101

*Signature: _____ Printed Name: _____

Mailing Address: 10515 20th St SE, STE 202 Fax # (____) _____

City Lake Stevens State WA Zip 98258 E-mail pmccourt@landprogrp.com

Property Owner: Matt Larson Phone # (360) 433-1969

**Signature: Matt Larson Printed Name: Matt Larson

Mailing Address: 12517 175th Ave SE Fax # (____) _____

City Snohomish State WA Zip 98290 E-mail _____

Attach a separate sheet for additional property owners/additional addresses

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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.

Preliminary Plat submittal of 179 single-family residential lots and 34 townhome lots. Will construct associated roads and utility improvements to serve the plat including clearing and grading and installation of retaining walls and detention vault.

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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: _____