



COMMUNITY DEVELOPMENT
PERMIT DIVISION

806 West Main Street, Monroe, WA 98272
Phone (360) 863-4501 landuse@monroewa.gov
www.monroewa.gov

FOR OFFICE USE ONLY
APPLICATION #(s)
File#
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 [] Spray Booth [] See permit types listed in
[] New Construction [] Right-of-Way Disturbance [] Tents & Canopies Monroe MMC
[] Plumbing [] Utility Service [] Other
[] Racking [] Other
[] 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: Zulis Duro Printed Name:

Mailing Address:

City State Zip E-mail

Property Owner: Phone # ()

**Signature: Ron Rasmussen Printed Name:

Mailing Address:

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.

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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., 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: \$1,000 \$2,500

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