



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
<input type="checkbox"/> Basic SFR	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input checked="" 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 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"/> Spray Booth	<input type="checkbox"/> See permit types listed in Monroe MMC
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Other _____
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Racking	<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: 17509 W Main St, Monroe, WA 98272

Size of site (acre/square feet): 30,715 SF (0.70 acres)

Assessor's Tax Parcel Number (14 digits): 005173-003-004-00, 005173-003-005-00

Applicant: Harmsen, LLC (c/o Andrew S. Lofstedt) Phone # (425) 252-1884

*Signature: _____ Printed Name: Andrew S. Lofstedt

Mailing Address: 2822 Colby Ave., Suite 300

City Everett State WA Zip 98201 E-mail andrewl@harmсенllc.com

Property Owner: Harold W. Rodland & Roy A. Rodland Phone # (360) 794-6621

**Signature: *Harold W. Rodland & Roy A. Rodland* Printed Name: Harold W. Rodland & Roy A. Rodland

Mailing Address: 17509 W Main St.

City Monroe State WA Zip 98272 E-mail rrod82@hotmail.com

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.

Combined Permit Application Land Use - 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., description Of proposed business including hours of operation, number of employees, existing and proposed parking spaces.

Boundary Line Revision (lot consolidation) between two parcels on 30,715 SF (0.70 acres).

FOR OFFICE USE ONLY

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: _____