



# TOWN OF WOODWAY

23920 113th Place W. · Woodway, WA 98020  
206.542.4443 · 206.546.9453 fax  
<http://www.townofwoodway.com>

File #:
Date Received:

## MASTER LAND USE APPLICATION

Project Address:		
Parcel #:	Property Size:	Zoning:
Description of Work:		

Property Owner(s)	Applicant
Name:	Name:
Mailing Address:	Mailing Address:
City/State/ZIP:	City/State/ZIP:
Phone Number:	Phone Number:
Email:	Email:

What Kind of Application? (Check each box that applies)	<input type="checkbox"/> Formal Subdivision <input type="checkbox"/> Boundary Line Adjustment <input type="checkbox"/> Short Subdivision <input type="checkbox"/> Variance or other for Hearing Examiner <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Zoning Code Amendment
Please identify any other local, state, or federal permits required for this proposal, if known:	

### DESIGNATION OF AGENT - *Fill in only if someone other than the property owner is submitting this application*

I hereby designate \_\_\_\_\_ to act as my agent in matters relating to this application.

Owner Signature: _____	Date: _____
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Print Name:	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent
Signature:	Date:	