City of Sumner
Design Review Application
(please fill out ALL fields unless otherwise noted)

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5523 Fax: (253)299-5539
24 Hour Inspection Request Line: (253) 299-5530
www.ci.sumner.wa.us

File Number:_____

Site/Project Address (if available)			Parcel #:
Owner:	Owner Phone:		Email:
Address:			City/State/Zip:
**Surveyor/Engineer/Contractor:			Phone:
Address:	Email:	City/State/Zip	License # (if applicable)
Contact Person:	Phone:		Fax:
Contact Email:			Address:

Description of Project: _____

_____

Supporting Materials Required:

Office Applicant - (please check off all "applicant" boxes

Office	Applicant		
☐	☐	**This** Application Form and Checklist	
☐	☐	All Architectural Elevations in Color Including a Plan View (Note for applicant – Elevations can be on a single sheet)	**10 – 11"x 17"** **1 - 24"x 36"**
☐	☐	Landscape Plan in Color (Note for applicant – Landscape plans must be prepared per SMC Chapter 18.41)	**10 – 11"x 17"** **1 - 24"x 36"**
☐	☐	Site Plan **(To scale including ALL items below)** **(Prepared, stamped, and dated by a licensed surveyor)**	**10 - 11"x 17"** **1 - 24"x 36"**
	☐	Vicinity map	
	☐	Zoning of the site	
	☐	Property line dimensions and square footage	
	☐	Proposed building locations; setbacks from property lines and distance between structures	
	☐	Proposed trash/recycling location indicating screening	
	☐	Outside Storage areas indicated (if any)	
	☐	All major man-made features; drainage ditches, railroad tracks, stormwater facilities, etc.	
	☐	Environmental constraints identified and delineated (if any) such as wetlands, rivers, streams, slopes	
	☐	Location of all signage to be proposed including materials proposed, lighting, size, per SMC18.44	
	☐	Paved areas including parking, maneuvering areas, loading areas, handicapped stalls, walkways, etc	
	☐	Calculations of total landscape area, vehicular use area, and building area	

Materials to bring to the Design Review Meeting (Consult with Planning Staff):

Architectural elevations and Landscape Plan in color — **1 each - 24"x 36" Foam board mounted**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

****BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT.**
(building permits only)

_____ _____ **DATE:** _____/_____/_____
SIGNATURE OF OWNER / AUTHORIZED AGENT **PRINTED NAME**

Received By: _____Date:_____ Review: PLN _____ BLDG _____ FIRE _____ PW _____