



6100 219<sup>th</sup> Street SW, Suite 200  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267  
[PermitSpecialist@mltwa.gov](mailto:PermitSpecialist@mltwa.gov)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# MINOR SITE PLAN AMENDMENT APPLICATION

<b>FOR STAFF USE ONLY</b>	
Permit # _____	Receipt # _____
Fee \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

This application applies to minor amendments or modifications to approved developments or permits, as provided for per MTMC 18.05.450(A)(4).

Check one:     Site Development Plan     Subdivision     Permit

**Project Information:**

Site Address: \_\_\_\_\_  
 Name of Original Project: \_\_\_\_\_ Permit No: \_\_\_\_\_  
 Current Name of Project (if different from Original): \_\_\_\_\_  
 Zoning of Site Address: \_\_\_\_\_ Acreage of Project Site: \_\_\_\_\_  
 Brief description of the proposal (limit the description to one sentence): \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED AMENDMENT OR MODIFICATIONS:**

Check any of the following modifications, which are proposed to the approved plan. More than one may apply.

- The location of one or more buildings or structures
- The dimensions of one or more buildings or structures
- The configuration of the parking layout/configuration of parking
- The exact striping of the parking spaces
- The mix of parking space types (provide table of approved parking mix and new parking mix)
- The site access location or internal circulation (drive aisles)
- The number of lots (for subdivision):
  - o Approved No. \_\_\_\_\_ Proposed No. \_\_\_\_\_
- The number of dwelling (housing) units:
  - o Approved No. \_\_\_\_\_ Proposed No. \_\_\_\_\_
- The square footage of commercial or retail area:
  - o Approved Sq. Ft. \_\_\_\_\_ Proposed Sq. Ft. \_\_\_\_\_
- The width, location, and/or square footage of landscaped areas:
  - o Approved Sq. Ft. \_\_\_\_\_ Proposed Sq. Ft. \_\_\_\_\_
- The location or square footage of designated open space:
  - o Approved Sq. Ft. \_\_\_\_\_ Proposed Sq. Ft. \_\_\_\_\_
- Recreation areas or facilities: List type \_\_\_\_\_
- Ability of the approved project to meet a condition of approval
- Ability of the approved project to meet a city code or ordinance (except as permitted under the original approval)

**SUBMITTAL REQUIREMENTS:**

1. Permit Contact Information Form (following page 2), completed and signed. Owner authorization is required when the applicant is not the owner of the project.
2. Minor Site Plan Amendment Application, completed.
3. Site Plan/Subdivision Plans, drawn to the same scale, clearly legible, fully dimensioned, of the following. The minimum content of the drawings is listed in the filing requirements for plot plans.
  - a. Approved site plan;
  - b. Approved site plan with areas of proposed modifications outlined in a dark, thicker, line weight and lightly colored in;
  - c. Details of modified plan layout with original layout screened back;
  - d. Clean copy of modified site plan.
4. A written description of what the character of the approved (existing) project is and the anticipated character of the project with the proposed modifications. Be descriptive, factual, and specific.
5. Copy of the Conditions of Approval for Original Approved Project. Describe how each proposed modification is, or is not, consistent with each condition. Indicate N/A if the condition is not applicable to the proposed modification.
6. Any other materials the applicant feels can support the modification request.
7. All materials listed above, in electronic form.
8. Application Fee.

**PROCESS:**

1. Prepare all submittal materials.
2. Contact a permit specialist at [www.permitspecialist@mltwa.gov](mailto:www.permitspecialist@mltwa.gov) to arrange an application intake.
3. This is an administrative review and decision to approve, approved with conditions, or deny. The Director's decision is final on the date issued.



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# PERMIT CONTACT INFORMATION

## FOR STAFF USE ONLY

Permit(s) Number(s): \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_ (Initials) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Name/Name of Business (If Applicable) \_\_\_\_\_

Subject Property Address \_\_\_\_\_ Suite No. \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

**Applicant** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address City State Zip

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Property Owner** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address City State Zip

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Contractor** \_\_\_\_\_

*If Applicable*

Mailing Address \_\_\_\_\_

Street Address City State Zip

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

State License # \_\_\_\_\_ Expires \_\_\_\_\_ City Business License # \_\_\_\_\_ Expires \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

*This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.*

Mailing Address: \_\_\_\_\_

Street Address City State Zip

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Design Professional:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address City State Zip

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_