



SITE WORK APPLICATION

CIVIL PLAN REVIEW

BUILDING SERVICES DIVISION
 1700 Civic Drive · DuPont, WA 98327
 P: (253) 912-5216 · F: (253) 964-1455
 www.dupontwa.gov

OFFICIAL USE ONLY
Date Received _____
Received By _____
Permit No. _____

A cursory check of the plans against the plan checklist (see Street Standards/ Grading Plans Information) will be made by the City. If the plans meet the minimum checklist requirements as to content, they will be routed to the appropriate City staff and the plan review process will begin. If minimum checklist requirements are not met, plans will be returned to submitting Engineer/Applicant.

CIVIL PLAN REVIEW APPLICATION

Owner: _____
 Address: _____
 City & State: _____
 Zip: _____ Phone: _____

Applicant: _____
 Address: _____
 City & State: _____
 Zip: _____ Phone: _____
 Contact Person: _____ Phone: _____

Contractor: _____
 Address: _____
 Zip: _____ Phone: _____
 State Contractor Number: _____
 City License Number: _____

Engineer: _____
 Address: _____
 City & State: _____
 Zip: _____ Phone: _____

GRADING INFO

(Grading activities involving **5000 cubic yards** or more requires engineering, or at the discretion of the City Building Official.)

Grading Quantities (cubic yards):
 Cut: _____ Fill: _____ Total: _____

An Environmental Checklist is required for grading activities exceeding 100 cubic yards, unless otherwise exempt.

Separate Grading Permit on file with the City? Y N

Environmental checklist on file with the City? Y N

If yes above, has the SEPA determination been rendered? _____

Land Use Approval
 To Proceed: _____ Comments: _____

I certify that I am the: **Owner** **Contractor** **Agent**
I hereby certify that I have read & examined this application & state that the above information is correct. I agree to comply with all City Ordinances & State Laws, 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.**

_____	_____	_____
Print Name	Signature	Date

SUMMARY OF REQUEST (List type of uses)

No. of proposed dwelling units: _____
 total sq. ft. of site: _____
 Total sq. ft. in buildings: _____
 Total sq. ft. in paved and covered surfaces (include buildings, driveways, streets, sidewalks, and parking lots) _____

FOR OFFICE USE ONLY

Fire Flow Required _____ gpm

Water connection estimate: _____

Pierce County Sewer Permit: _____

Easements required: _____

Right-of-Way required: _____

Bonding required: _____

Misc. _____

PROPERTY LOCATION

North South East West side of:
 (street name): _____
 between (street name): _____
 and (street name): _____
 Property Address: _____
 Section _____ Township _____ Range _____
 Assessor's Parcel No. _____