



Variance Application

Public Notice Board and Application Fees:
See Fee Schedule

Please print in black ink only.

Application #: OFFICE USE ONLY KIVA #: OFFICE USE ONLY

Proposed Variance Zone

Address/Location:

King County Parcel Number (s): Acres:

1/4 Section Section Township N Range E

Applicant: (mandatory)

Name: Daytime Phone:

Mailing Address: Fax Number:

City/State/Zip: Signature:

Professional License No: Contact Person:

Property Owner 1: (mandatory if different from applicant)

Name: Daytime Phone:

Mailing Address: Fax Number:

City/State/Zip: Signature:

Property Owner 2: (if more than two property owners attach additional info/signature sheets)

Name: Daytime Phone:

Mailing Address: Fax Number:

City/State/Zip: Signature:

The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we are all of the legal owners of the property described above and designate the following party to act as our agent with respect to this application:

Agent/ Consultant/ Attorney: (mandatory if primary contact is different from applicant)

Name: Daytime Phone:

Mailing Address: Fax Number:

City/State/Zip: License No.:

OFFICE USE ONLY:

Date Application Received: Received by:

Date Application Complete: Completeness Review by: