



Building & Planning Department
 818 East Edison Avenue
 Sunnyside, Washington 98944
 Email: permitting@sunnyside-wa.gov
 (509) 837-4229 Office, (509) 836-6383 Fax

Site Plan Permit Application

- New Construction
- Addition to Current Structure
- Other

SITE ADDRESS: _____ Permit # _____

ASSESSOR'S PARCEL NO: _____ Valuation \$ _____

Building Owner:		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Contractor:		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contractor Lic No:	Exp Date:	
Email:		

Applicant:	
Name:	
Phone:	Email:

Describe the scope of work in detail, attach additional page(s) if necessary: _____

The following MUST be complete: (write n/a if not applicable)

Fill out the information on the Site Plan form also use the attached Site Plan Form for your Site Plan information

Site Plan Review Fee	Total:
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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 or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of state or local law regulating construction or the performance of construction.

Signature _____ Date _____ Received by _____



REQUIRED ATTACHMENT:

SITE PLAN

Note: Producing the site plan from this template is preferred, however, the template can be substituted for your own medium (computer aided is acceptable).

LOT COVERAGE CALCULATION

- a) Footprint(s) of existing structure(s) _____ SQ FT
- b) Building addition/new structure(s) footprint(s) _____ SQ FT
- c) Existing paved area(s) (driveways, walkways, patios, etc.) TOTAL _____ SQ FT
- d) Proposed paved area(s) _____ SQ FT
- e) Total Impervious Surface (a+b+c+d = e) _____ SQ FT
- f) Lot Size _____ SQ FT
- g) Lot coverage (e/f x 100 = g) _____ %

PARKING CALCULATION (Reference SMC § 17.64.040)

Spaces required: _____
 Spaces provided: _____

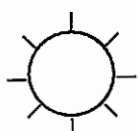
LOT INFORMATION

Parcel #(s): _____
 Site Address: _____
 Zoning: _____
 Legal Description (brief): _____

MAP SCALE (check one)

- Preferred Scale: 1 inch on the map = 20 ft on the ground
 - Custom Scale: 1 inch = _____
- *Template tie marks are 1 inch apart

NORTH ARROW



(Indicate North)

BACKGROUND INFORMATION

Applicant Name: _____
 Mailing Address: _____
 Contact Person: _____
 Contact Phone: (____) _____
 Applicant Signature: _____ Date: _____

Created by: _____ Date: _____