



TOWN OF WOODWAY

23920 113th Place W. · Woodway, WA 98020
206.542.4443 · 206.546.9453 fax
<http://www.townofwoodway.com>

File #:
Date Received:

MASTER LAND USE APPLICATION

Project Address:		
Parcel #:	Property Size:	Zoning:
Description of Work:		

Property Owner(s)	Applicant
Name:	Name:
Mailing Address:	Mailing Address:
City/State/ZIP:	City/State/ZIP:
Phone Number:	Phone Number:
Email:	Email:

What Kind of Permit? (Check each box that applies)	<input type="checkbox"/> Formal Subdivision	<input type="checkbox"/> Boundary Line Adjustment
	<input type="checkbox"/> Short Subdivision	<input type="checkbox"/> Variance or other for Hearing Examiner
Please identify any other local, state, or federal permits required for this proposal, if known:		

DESIGNATION OF AGENT - *Fill in only if someone other than you or your contractor is submitting this application*

I hereby designate _____ to act as my agent in matters relating to this application for permit(s).

Owner Signature: Date:

Print Name:	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent
Signature:	Date:	