



City of Soap Lake PO Box 1270 Soap Lake WA 98851
509 246-1211 Fax 509 246-1211 cityofsoaplake.org

LAND USE APPLICATION

PROPERTY LOCATION

Address _____
Section Township Range
Parcel Size _____
Zone _____
Legal Description _____

PROPERTY OWNER

Name _____
P _____ F _____
Email _____
Mailing Address _____
Signature _____
Date _____

APPLICANT (if different from owner)

Name _____
Phone _____ Fax _____ Email _____
Mailing Address _____
I (print) _____ hereby affirm and certify, under penalty of perjury, that I am, or represent, the legal owner(s) of the property described on this application and that these statements are in all respects true and correct to the best of my knowledge.
Signature _____ Date _____

AUTHORIZED REPRESENTATIVE (address to whom all official correspondence will be sent)

Name _____
Phone _____ Fax _____ Email _____
Mailing Address _____

SUMMARY OF REQUEST

SUPPLEMENTAL INFORMATION (as outlined in the pre-application meeting held on _____)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FOR OFFICE USE ONLY

Annexation Building on Unplatted Land Lot Line Adjustment Rezone or Text Change Right of Way Permit SEPA Checklist

Subdivision of 4 or less Subdivision Zoning Variance Other