

Preliminary Application Form (PAF)/ Counter Application Date: _____

Project Number: _____ Project Address: _____

Description of Work: _____

Submit 1 Site Plan with this application. Max. Size – 11” x 17”
See Tip 103 for preliminary site plan requirements. See column on the right for site plan type.

Permit Type		Site Plan Type
<input type="checkbox"/> Construction (if construction permit, please check type below): **STFI applications are accepted in-person and through SDCI Project Portal		
<input type="checkbox"/> Replacement of roofing > 500sf (2012 SBC 106.2.13)	<input type="checkbox"/> Voluntary Seismic Upgrade	Not Required
<input type="checkbox"/> **STFI <input type="checkbox"/> Interior Alterations <input type="checkbox"/> Temporary <input type="checkbox"/> Emergency Repairs <input type="checkbox"/> Tenant Improvements		Simple Site Plan
<input type="checkbox"/> New Building <input type="checkbox"/> Addition to Existing Structure		Preliminary Site Plan
<input type="checkbox"/> Land Use (MUP) <input type="checkbox"/> Grading Only <input type="checkbox"/> Demolition Only		

Land Use (MUP) Project Components
<input type="checkbox"/> Administrative Conditional Use <input type="checkbox"/> Rezone <input type="checkbox"/> Streamlined Design Review
<input type="checkbox"/> Administrative Design Review <input type="checkbox"/> SEPA <input type="checkbox"/> Variance
<input type="checkbox"/> Early Design Guidance / Design Review <input type="checkbox"/> Shoreline Substantial Development Other: _____

Applicant / Owner Information
Primary Applicant: _____ SDCI Contract ID: _____ <i>(Enter primary contact's name)</i>
<i>Relationship to project (select one):</i> <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Lessee <input type="checkbox"/> Contractor <input type="checkbox"/> Licensed Architect <input type="checkbox"/> Licensed Engineer
Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____
Owner (if not primary applicant listed above) _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____

Development Site Information
Legal Description _____
King County Assessor's Parcel Number (206) 296-3000 _____
Common Building Name _____ SDCI Building ID _____
Are you: Splitting an existing development site? <input type="checkbox"/> Yes <input type="checkbox"/> No Combining development sites? <input type="checkbox"/> Yes <input type="checkbox"/> No

Project Details

PASVs are required on most MUP types and New structure applications regardless of ground disturbance

Ground Disturbance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete this section.</i>	1. Is disturbance greater than 750 square feet? <i>(If yes, a PASV is required.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the project in an Environmentally Critical Area? <i>(other than liquefaction or peat settlement-prone areas)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Is the disturbance less than 1 cubic yard and dug by equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If number 2 is "yes" and number 3 is "no," then a PASV is required.
Demolition	Is the structure at least 50 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact the Department of Neighborhoods Historic Preservation Program at (206) 684-0228 and reference SEPA. See also Client Assistance Memo 3000. (Single-family) Has the property been occupied by a rental tenant in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Units unoccupied <input type="checkbox"/> Unit occupied by property owner <input type="checkbox"/> No units on property <input type="checkbox"/> Units occupied by residential tenant <input type="checkbox"/> Units not affected by permit <input type="checkbox"/> Refer to property owner/tenant assistance <input type="checkbox"/> Do not know
<input type="checkbox"/> Construction and Demolition Waste (SBC 106.5.9 & SRC R105.5.3)>750sf. By checking this box you acknowledge that you have complied with the regulations of the Puget Sound Clean Air Agency, regarding asbestos identification, notification and abatement.	
Project Type	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Other
Proposed New Residential Units <i>(Select all applicable types and enter the number of units.)</i>	<input type="checkbox"/> Accessory Dwelling Unit No. ____ <input type="checkbox"/> Detached Accessory Dwelling Unit No. ____ <input type="checkbox"/> Apartment No. ____ <input type="checkbox"/> Rowhouse No. ____ <input type="checkbox"/> Carriage Housing No. ____ <input type="checkbox"/> Townhouse No. ____ <input type="checkbox"/> Cottage Housing No. ____ <input type="checkbox"/> Single-family Residence No. ____ <input type="checkbox"/> Small Efficiency Dwelling Unit No. ____
Is this project funded by the City of Seattle? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please contact the Seattle Design Commission to discuss their review requirements for this project. The Seattle Design Commission can be reached at (206) 233-7911 or SDC_Administration@seattle.gov.</i>	
* Indicates required fields * Square feet of new construction _____ * Total square feet of existing and new construction _____ * Estimated project value _____ * Total new and replaced impervious surface in square feet _____ Does the development include structural overhands in the right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No * Does the development include portions of the structure that extend over / under an alley? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of existing parking spaces _____ Number of new parking spaces _____ * Does the development include portions of the structure that extend over / under area that needs to be dedicated for right-of-way widening and improvements? <input type="checkbox"/> Yes <input type="checkbox"/> No * Are you proposing to use the right-of-way for any green factor requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Total number of new residential units _____ Number of existing residential units _____ Number of existing residential units you are proposing to remove _____ Building footprint in square feet _____ Total number of bedrooms _____ * Number of dwelling units with more than 4 bedrooms _____	
Are you requesting a pre-submittal conference? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit a Pre-Submittal Conference Application form and a Statement of Financial Responsibility / Agent Authorization form.</i>	

Terms and Authorization:

I understand that this form does not constitute a complete application or permit. Other submittal documents may be required for each permit application, such as plans and calculations.

Applicant Signature

Date