



City of Seattle

Department of Planning and Development
Applicant Services Center
700 – 5th Avenue, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
(206) 684-8850

REQUEST to RENEW or REVISE a MASTER USE PERMIT

(To be filled out by the applicant)

Please RENEW Master Use Permit # _____ Expiration date of original permit _____
Please REVISE Master Use Permit # _____ Expiration date of original permit _____

Property Address: _____

Reason for Renewal or Revision: _____

Is there a related issued construction permit? Building Permit # _____ Yes No
Has construction work commenced and is it currently underway? Yes No

Please check if owners/contact information has changed: Yes No

Owner/Lessee/Financially Responsible Party: * _____

Contact Person: _____ Day Phone #: _____

Mailing Address _____

City: _____ State _____ Zip Code: _____

E-Mail: _____

I UNDERSTAND THAT THIS DOES NOT CONSTITUTE A PERMIT

Applicant's signature: _____ Date: _____

Please Print Name: _____

Relationship to the project: Owner Contractor Other _____

* Provide a completed Financially Responsible Party form and an Owner's Authorization form if contact information has changed.

DPD TRANSMITTAL FORM

(To be filled out by DPD staff)

Project Information and Request Type

Zoning: _____ Overlays _____ Shoreline: Yes No ECA #: _____

Shoreline = Yes: eligible for Extension: 1 Yr. (3rd yr.) (to get started) 1 Yr. Final Ext (6th yr.)

Request for Renewal Request for Revision

Assigned Planner: _____ New Exp Date _____
Accrued Hours (not logged to the original MUP) _____ LU PS: Please add these hours to the Renewal or Revision as LAND USE ADDL HRS (INTAKE)

Draft **Description** of Project: _____

Review Locations Land Use Zoning Other

Comments

Approval and Project Scope

Post Decision Type: RENEWAL: Renew Permit REVISION: Revise Permit
REN&REV: Renew and Revise Permit SHOREREV: Shoreline Revision

Revision Scope:
“Minor” Revision Scope: Revision via Bldg. Permit Note to File
“Major” Revision Scope: Revised Project (w/notice) Decision Design Review

Decision type: I II

This Project is NOT a Revision:

New Permit is Required Applicant advised to see ASC Coaching Yes No Date _____

Supervisor: _____ Approved Denied

Post Decision Submittal Information

Permit Spec: _____ Intake Processed POST DECSN A/P #: _____