



CITY OF NEWCASTLE

Community Development Department

MASTER LAND USE APPLICATION

Project Name: _____

Project Address/Location: _____

Parcel Number: _____

Project Description:

Type of Permit Required

- Site Plan
- Boundary Line Adjustment
- RCBS/Binding Site Plan
- Comp Plan
- Legal Lot Status
- Pre-Application Conference
- Developer Agreement
- Engineering Review Permit (ERP)
- Preliminary Plat/Short Plat
- Final Plat
- Critical Area Review/Reasonable Use
- SEPA w/ Project
- SEPA Only
- Misc.

Required Information

Zoning Designation: _____

International Building Code: 2015

Occupancy Type: _____

Construction Type: _____

of Lots/Units: _____

Value of Existing: _____

Value of Proposed: _____

Applicant

Name _____

Address _____

City & State _____

Zip _____

E-mail _____

Phone _____

Signature _____

Agent (Primary Contact if not the same as above)

Name _____

Address _____

City & State _____

Zip _____

E-mail _____

Phone _____

Owner

Name _____

Address _____

City & State _____

Zip _____

E-mail _____

Phone _____

Signature _____