



CITY OF NEWCASTLE
Community Development Department

Application Date:	Intake Staff:	Permit #:
-------------------	---------------	-----------

RESUBMITTAL COVERSHEET

Property Address: _____

King Co. Tax Parcel #: _____

Project Name: _____

Contact Person: _____ Phone: _____

Email Address: _____

Describe Changes:

If these are changes per comments received back from a review, please ensure that a narrative is printed and attached with revisions outlining how comments were addressed.

Office Use Only

Planning	Public Works	Building	Fire
----------	--------------	----------	------

No Additional Charges Apply

Additional Charges That Apply:

Description	Amount
	\$
	\$
	\$
	\$
Total:	