



SEPA REVIEW APPLICATION

Liberty Lake Community Development Department
 22710 E Country Vista Drive, Liberty Lake, WA 99019
 Phone: (509) 755-6704
 Website: www.libertylakewa.gov
 Email: permitcenter@libertylakewa.gov

Along with this application please provide electronic files of the following:

- Site Plan
- SEPA Checklist
- SEPA Notice Materials (notice requirements vary by project type – please contact Community Development Department for more information on what is required specific to your project)

ADD CHECK MARK NEXT TO THE APPLICANT’S INFO

Property Owner’s Name:	
Email:	Phone:
Address:	City, State, Zip:
Contractor’s Name:	
Email:	Phone:
Address:	City, State, Zip:
WA State Contractor License:	Contractor UBI Number:
Architect’s Name:	
Email:	Phone:
Address:	City, State, Zip:
Engineer’s Name:	
Email:	Phone:
Address:	City, State, Zip:
Project Contact’s Name:	
Email:	Phone:
Address:	City, Zip, State:

Site Specific Information	
Project Address(es):	
General Location:	
Assessor’s Tax Parcel(s):	
Estimated Value of Project:	Estimated Sq Ft:
Project Description: (please describe in detail the scope of work)	

Signing this application is acknowledgement of agreement to pay fees based upon the City’s latest approved Fee Schedule. Invoices will be sent 30 days, 60 days, and 90 days after the permit is ready for issuance, unless otherwise stated. Any balance on the account for this project that is not paid within 90 days of the invoice date may result in legal action or the initiation of other collection procedures. Land use permits, infrastructure permits, and other Zoning, Land Use & Subdivision applications will require the associated fees to be paid up front.

Required Signature

By signing below (with either electronic or physical signature), I acknowledge that as the applicant I am the property owner or have full permission and authority to represent the property owner in this project. Additionally, I certify that my signature included on the application, if done electronically, provides the same understanding and authority as if I had signed the application in person or in writing. I acknowledge, understand, and agree to the requirements and terms described on this application.

Applicant's Signature

Printed Name

Date
