City of Winlock



Community Development Department

Stormwater Permit Application

PO Box 777 • 323 N.E. First Street

Winlock, WA 98596-0777 360.785.3811 • fax 360.785.4378 winplan@cityofwinlock.com

Checkli	Completed Application: ind	nit Application: the following complete applications will no	g are required to be submitted. ot be accepted.	
	Fee(s) Planning Review			
	Engineering Plans			
	T INFORMATION			
☐ Stor	mwater Permit	eviated Stormwater Permit		
Roads v	within the project will be:	☐ Private ☐ Dedica	ted to the City	
Describe	e how the stormwater syst	tem will be owned and ma	intained:	
PROPER	TY INFORMATION			
Site Ad	dress:		Parcel #:	
Legal D	escription:			
	TY OWNER INFORMATION			
Mailing Address:				
	#:			
	NT INFORMATION (if differ	ent than property owner)		
Mailing	Address:		City/St/Zip:	
Phone -	#:	Email:		
	ER INFORMATION):			
Mailing	Address:		City/St/Zip:	
Phone 3		Emaile		
representa full respor	atives of the City of Winlock to ente	r and inspect said property as reaso	d representative; therefore, granting permission for person enably necessary to process this application. With this do the information and documents provided with this applica	cument, I take
Signature			Date	
		EOD OFFICIAL I	ISE ONLY	
	Date Application Received:	FOR OFFICIAL U Received By	<i>/</i> :	
	Fee: \$ Ro	ct. #: Date Paid:	SW Permit #:	
	Administrator Signature:			