



PLANNING DEPARTMENT

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General Application

Date:			FOR OFFICAL USE ONLY
Address (Location):			PERMIT NUMBER(S):
Applicant's Name:			
Applicant's Address:			PROJECT: Approved Denied
City:	State:	Zip:	DATE ISSUED:
Phone:	Cell:	Email:	ATTACHED: Plat maps Supporting applications # #_____
Property Owner(s):			
Property Owner's Address:			Completed checklist(s) # #
City:	State:	Zip:	Legal Description (in Word) Receipt #_____
Phone:	Cell:	Email:	
Engineer or Surveyor:			Parcel Number:
Engineer or Surveyor's Address:			Total Acreage:
City:	State:	Zip:	Present Use of Property:
Phone:	Cell:	Email:	Proposed Use of Property:
Nearest intersection to the property:			Present Zoning:
Please provide the following: <input type="checkbox"/> Application and checklist for specific work requested <input type="checkbox"/> Filing Fees <input type="checkbox"/> Any additional information that you feel is relevant to the review of this application. Please provide narratives.			
The undersigned hereby acknowledges familiarity with the rules and regulations of the City of Centralia and Centralia Municipal Code as it pertains to this application and will comply. He/she also gives consent to City staff and representatives to access the site as needed during review of this project and all associated permits.			
Applicant's Signature	Date		

For Official Use Only

Master Application

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