

CITY OF KENT  
APPLICATION FOR PLANNING COMMISSION

APPLICATION NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FEDERAL TAX ID NUMBER (Commercial Applicants Only): \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON FOR APPLICATION IF DIFFERENT FROM PROPERTY OWNER:

\_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROJECT SITE ADDRESS: \_\_\_\_\_

REQUEST: \_\_\_\_\_

\_\_\_\_\_

APPLICATION FEE: \$100 plus \$100 for Fire Department review if required

NOTIFICATION FEE: \_\_\_\_\_

TOTAL FEE: \_\_\_\_\_

ALL APPLICATION FEES ARE NON-REFUNDABLE. THE UNDERSIGNED APPLICANT(S) AUTHORIZE BOTH THE FILING OF THE APPLICATION AND REVIEW BY CITY STAFF. I, THE UNDERSIGNED, CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECEIVED BY

\_\_\_\_\_  
DATE

MEETING DATE: \_\_\_\_\_

(ASSIGNED AFTER STAFF REVIEW OF APPLICATION)