



## Community Development Department

City of Snoqualmie  
38624 SE River St. | PO Box 987  
Snoqualmie, Washington 98065  
(425) 888-5337 | [www.snoqualmiewa.gov](http://www.snoqualmiewa.gov)

### DESIGN REVIEW APPLICATION

Project Name:	
Brief Description of Project:	
Applicant/Agent Name:	
Applicant/Agent Address (City, State, Zip):	
Phone Number:	Email:
Parcel Address(es):	
Parcel Number(s):	
Legal Owner(s): Submit notarized documentation that all property owners agree to the proposed land use action. Note: The following information is to be completed if property owner is different from applicant.	
Property Owner(s):	
Phone Number:	Email:
Property Owner Address (City, State, Zip):	

By my signature, I certify that I have reviewed all submittals for completeness and accuracy.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_