



APPLICATION FOR SPECIAL USE PERMIT - COVID19 RELATED

(V-1.1)

Department of Executive Services Facilities Management Division
Real Estate Services Section Telephone 206 477 9350

Applicant/organization name:

Mailing address:

City: Zip: Telephone: (Day) (Eve)

E-mail address:

Agent for applicant:

Mailing address:

City: Zip: Telephone: (Day) (Eve)

E-mail address:

Location/address of proposed use (include vicinity map, showing cross-streets):

Applicant Tax Parcel No:

County Roads Impacted:

Precise description of proposed use (Be specific)

Proposed start date

- | | | | |
|-----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Yes | No | Is this application related to a Group or Association permit? | Group Permit Number |
| Yes | No | Is a drawing showing the proposed use attached? | |
| Yes | No | Is proof of insurance naming King County as insured attached? | |
| Yes | No | Are there any known sensitive areas, drainage features, erosion problems or unique site conditions in or near the proposed use? (If Yes, describe below) | |

By signing and submitting this application I affirm that I am the person named as the applicant herein or an authorized agent of the applicant and that the applicant, upon receipt of a Special Use Permit issued as result of this application accepts and will comply with all terms and conditions of the Special Use Permit. If I do not accept all of the terms and conditions of the issued pECIAL Use Permit, or at any time after receiving the Special Use Permit I choose to cease the permitted activities, I will notify King County Real Estate Services by email at RES.Permits@kingcounty.gov within one business day of such rejection or cessation of activities.

Signature of Applicant:

Date: