



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 (360) 754-4180
 Email: cdd@ci.tumwater.wa.us

**ZONING CERTIFICATION
 Submittal Checklist**

TUM -	DATE STAMP

RCVD BY	

APPLICANT INFORMATION *(please print neatly)*

NAME OF APPLICANT: _____

SUBJECT PROPERTY INFORMATION

ADDRESS OF PROPERTY (COMPLETE): _____

An application for a Zoning Certification shall consist of all items on this checklist unless waived by Staff.

A. APPLICATION	N/A	Provided	Staff
1. Provide a complete and signed (by owner or authorized representative) application and applicable fee.		<input type="checkbox"/>	<input type="checkbox"/>
2. If the property has non-conforming use(s) and/or structure(s), then provide the month and year in which the:			<input type="checkbox"/>
a. Current owner bought the property.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Existing structure (s) were built.	<input type="checkbox"/>	<input type="checkbox"/>	
c. Existing use(s) were commenced.	<input type="checkbox"/>	<input type="checkbox"/>	

I verify that all required documents associated with this application have been submitted.

 Signature of Applicant

 Date