



Development Services
Permit Processing (425) 452-4898

Application for
ENVIRONMENTAL IMPACT STATEMENT

APPLICATION DATE	CIP PROJ #	TECH INITIALS	PROJECT FILE #
---------------------	------------	------------------	----------------

1. **Property Address** _____

2. **Project Name** _____

3. **Applicant** _____ Phone (____) _____

Address _____ City, State, Zip _____

4. **Contact Person** _____ Phone (____) _____

E-Mail Address _____ FAX # (____) _____

Address _____ City, State, Zip _____

5. **Architect/Surveyor** _____ Phone (____) _____

Address _____ City, State, Zip _____

NOTICE OF COMPLETENESS: Your application is considered complete, per RCW 36.70B.080, 29 days after submittal, unless otherwise notified.

I certify that the information on this application is true and correct and that the applicable requirements of the City of Bellevue, RCW and the State Environmental Policy Act (SEPA) will be met.

Applicant Signature _____ Date _____