



CITY OF TUKWILA
Public Works Department
Permit Center
6300 Southcenter Blvd., Suite 100
Tukwila, WA 98188
<http://www.TukwilaWA.gov>

Permit No. _____
Project No. _____
Date Application Accepted: _____
Date Application Expires: _____
(For office use only)

TRAFFIC CONCURRENCY CERTIFICATE APPLICATION

Applications and plans must be complete in order to be accepted for plan review.
Applications will not be accepted through the mail or by fax. ****Please Print****

SITE LOCATION

King Co. Assessor's Tax No.: _____

Site Address: _____ Suite Number: _____

Tenant Name: _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

CONTACT PERSON – person receiving all project communication

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Scope of Work (please provide detailed information): _____

Type of Existing Use: _____

Size of Existing Use: _____

Is existing building vacant? _____

For how long? _____

Type of work:

New Addition Change of use Remodel Tenant Improvement

Type of Proposed Use: _____

Size of Proposed Use: _____

PERMIT APPLICATION NOTES

Expiration – The concurrency test notice shall expire 90 days after issuance unless the applicant submits a SEPA or other documentation pursuant to TMC 21.04. If the submittal is made within 90 days, the test notice shall be valid for one calendar year from the date of issuance of the notice. Once the associated development permit or building permit is approved, the final concurrency certificate shall be valid for 2 years or as long as the developer possesses a valid building permit for the development. Extensions may be granted in accordance with TMC 9.50.

Transferability – A certificate of concurrency is not transferable to other land, but may be transferred to new owners of the original land. A certificate of concurrency shall apply only to the specific land use, density, and intensity described in the application for a development permit or building permit.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON, AND I AM AUTHORIZED TO APPLY FOR THIS PERMIT.

PROPERTY OWNER OR AUTHORIZED AGENT:

Signature: _____ Date: _____

Print Name: _____ Day Telephone: _____

Mailing Address: _____
City State Zip