



SDC Worksheet

City of Battle Ground
 Community Development
 109 SW 1st Street, Suite 127
 Battle Ground, WA 98604
 Phone: (360) 342-5046 | Fax: (360) 342-5049
www.cityofbg.org

DEPARTMENT USE ONLY	
Date Received:	Planning Application #:
Building Permit #:	

TYPE OF USE			
Restaurant/ Lodge/Church/Clubhouse/Theatre/Assembly Hall/Auditorium			
Number of seats:	Kitchen facility?	Yes	No
School			
Number of elementary students:	Number of middle/high school students:	Number of teachers:	
Daycare Facility			
Number of children:	Preschool only?	Yes	No
Service Station			
Number of fuel islands:			
Motel/Hotel			
Number of rooms:	Kitchen in rooms?	Yes	No
	Pool or Jacuzzi?	Yes	No
Hospital			
Number of beds:	Kitchen in rooms?	Yes	No
	Laundry waste?	Yes	No
Laundromat			
Number of machines:			
Other:			
REQUIRED INFORMATION			
Square footage:	Impervious area added (if any):		
Employees:	Full time employees (FTE):		
Public restrooms:	Domestic water meter size:		
Irrigation meter size:	Other (specify):		
PROPERTY INFORMATION			
Project Address:			
Parcel #:			
Development Name:			
Proposed Use:			
APPLICANT INFORMATION			
Applicant Name:			
Phone:	Cell:		
REQUIRED SIGNATURES			
<i>I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.</i>			
Owner's Signature:	Date:		
Applicant's Signature:	Date:		