

**Community Development
Department
City of Yelm
105 Yelm Ave W
Yelm, WA 98597**



OFFICIAL USE ONLY

Date Received: _____
Received By: _____

FINAL PUNCH LIST APPLICATION	USE BLACK INK ONLY
Owner: _____ Address: _____ City & State: _____ Fax: _____ Zip: _____ Phone: _____ E-Mail: _____	
Applicant: _____ Address: _____ City and State: _____ Fax: _____ Zip: _____ Phone: _____ E-Mail: _____	
Engineer: _____ Address: _____ City & State: _____ Fax: _____ Zip: _____ Phone: _____ E-Mail: _____	
PROJECT NAME, ADDRESS/LOCATION AND CASE NUMBER: _____ _____ _____ _____ _____	FOR OFFICIAL USE ONLY Date Received: Date of Interdepartmental Distribution: Inspection Date(s): _____ _____ _____

Upon receipt of this application by the City, it will be routed to the appropriate City departments. The Development Review Engineer and any other relevant City staff will conduct a site inspection within 5 working days from receipt of the application. Upon completion of site inspection(s), a punch list and a final plat application packet will be provided to the applicant.

