



**CITY OF BLACK  
DIAMOND**

Community Development Dept.

24301 Roberts Drive / PO Box 599  
Black Diamond, WA 98010  
(360) 851-4447

## ***Request for Small Business Consultation***

*Staff use only*

*Permit Number:*

*Application Date:*

To submit a request for a small business 30 minute consultation, please complete this application and e-mail to [permits@blackdiamondwa.gov](mailto:permits@blackdiamondwa.gov). Staff will contact with the first available meeting date and time.

Name of Business: \_\_\_\_\_

Site Address: \_\_\_\_\_ Suite Number(s): \_\_\_\_\_

Parcel Number: \_\_\_\_\_ UBI #: \_\_\_\_\_

Description of Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant / Business Owner**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Property Owner**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Summarize any specific questions:

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