



**Building Division**  
**P.O. Box 909**  
**Ocean Shores, WA 98569**

**Telephone (360) 289-2754**  
**Fax (360) 289-2022**

**COMMERCIAL BUILDING PERMIT APPLICATION**

DATE: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_

PARCEL NO.: \_\_\_\_\_

OWNER/APPLICANT: \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ PHONE:(\_\_\_\_\_) \_\_\_\_\_

CONTRACTOR LICENSE NO: \_\_\_\_\_ EXP: \_\_/\_\_/\_\_

CITY BUSINESS LICENSE NO: \_\_\_\_\_ EXP: \_\_/\_\_/\_\_

JOB SITE: Division: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

- BUILDING USE:**     COMMERCIAL     SEPA REQUIRED     SIGN  
 NEW     REMODEL     REPAIR  
 ADDITION     DECK     DOCK  
 OTHER \_\_\_\_\_

**MINIMUM REQUIRED SET BACKS:**

FRONT \_\_\_\_\_ ' REAR \_\_\_\_\_ ' SIDES \_\_\_\_\_ '

<b><u>FEES</u></b>	
Building	_____
Plan Review	_____
Plumbing	_____
Mechanical	_____
Sewer	_____
BCS	_____
Elect' Review	_____
Other	_____
Other	_____
Total	_____
Deposit rec'd (_____)	
Balance Due:	_____

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify, under penalty of perjury of the laws of the State of Washington that I am the owner of the above described property or I am an agent/contractor hired by the owner with the express permission of the owner to apply for this permit. Executed at Ocean Shores, Washington.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner / Agent