



PUBLIC WORKS DEPARTMENT
Building Division
P.O. Box 909
Ocean Shores, WA 98569

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

PERMIT CENTER NON-ACCESSORY STRUCTURE APPLICATION

DATE: _____ TRACKING 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: _____ ZONING: _____

SITE ADDRESS: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

- NON-ACCESSORY SHED
- FENCE
- OTHER _____

MINIMUM REQUIRED SET BACKS: FRONT _____' REAR _____' SIDES _____'

<u>FEES</u>	
Building	_____
Plan Review	_____
BCS	_____
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 _____
 Owner / Agent

Date _____