



PUBLIC WORKS DEPARTMENT

Building Division

P.O. Box 909

Ocean Shores, WA 98569

Telephone (360) 289-2754

Fax (360) 289-2022

PERMIT CENTER 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: _____

- BUILDING USE:
- | | | |
|--------------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> SIGN | <input type="checkbox"/> REPAIR |
| <input type="checkbox"/> NEW | <input type="checkbox"/> REMODEL | <input type="checkbox"/> DOCK |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> GARAGE | <input type="checkbox"/> DECK |
| <input type="checkbox"/> OTHER _____ | | |

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

<u>FEES</u>	
Building	_____
Plan Review	_____
Total Bldg/Review	_____
Plumbing	_____
Mechanical	_____
Sewer	_____
BCS	_____
SEPA	_____
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 make this application. Executed at Ocean Shores, Washington.

Signature _____
Owner / Agent

Date _____