



# Occupant's Statement Of Intended Use

C 31

## Development Services Department

865 S.E. Barrington Dr. ~ Oak Harbor, WA 98277 ~ Phone (360) 279 4510 ~ Fax (360) 279-4519

Project Address: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Building Area (Sq Ft): \_\_\_\_\_ No. of floors: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Permit: (check one)     Residential                       Commercial

**Scope of Work:**

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

A detailed site plan/vicinity map, and construction drawings may be required depending on the scope of work.

**Contractor:** \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contractor's License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicants Name