



City of Oak Harbor
Building Department
 865 S.E. Barrington Drive
 Oak Harbor, WA 98277
 (360)279-4500
 Fax (360) 279-4519

Application for Change in Occupant

Fee \$26.00

<u>Business</u>	<u>Business Owner</u>	<u>Building Owner</u>
Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Note: Above information will be used in the case of an emergency.

Business Information

Type of Business _____
 Total Square Foot of Building _____ Portion of Building to be occupied _____ sq. foot
 Expected opening date _____/_____/_____
 Number of employees _____ No. of floors _____

Will you do any repairs, remodeling, alterations or demolition?

If yes, please description: _____

Check all items below associated with your project:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Painting | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Accessibility Upgrades |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Carpet / Flooring | <input type="checkbox"/> Heating / AC | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Additions | <input type="checkbox"/> Cabinetry | <input type="checkbox"/> Fire Protection Sys. | <input type="checkbox"/> Site Improve. / Parking |
| <input type="checkbox"/> Alterations | <input type="checkbox"/> Doors / Windows | <input type="checkbox"/> Commercial Hood | <input type="checkbox"/> Change in Use |
| <input type="checkbox"/> Repairs | <input type="checkbox"/> Roof / Exterior | <input type="checkbox"/> Alarm System | <input type="checkbox"/> Other _____ |

<u>Persons with Keys to Business</u>		<u>Alarm Information</u>
Name:	Name:	Alarm Company:
Address:	Address:	Phone:
		Alarm Type:
Phone:	Phone:	

Note: The police and fire departments depend on accurate, updated recall information in emergency situations. We ask that you make every effort to fill out all applicable lines, and update at changes occur.