# Building Permit Application

**Development Services Department**  
865 S.E. Barrington Dr. • Oak Harbor, WA 98277 • Phone (360) 279 4510 • Fax (360) 279-4519

## Project Information

- **Site Address:**
- **Project Description:**
- **Project Valuation:** ______________________________  
- **Parcel Number:** ______________________________________
- **Legal Description:** ____________________________________________________

### Permit Type (check all that apply)

- [ ] New SFR Residential
- [ ] SFR Alteration
- [ ] SFR Addition
- [ ] SFR Mechanical
- [ ] SFR Plumbing
- [ ] New Commercial
- [ ] Commercial Alteration
- [ ] Commercial Addition
- [ ] Tenant Improvement
- [ ] Multi-Family
- [ ] Commercial Plumbing
- [ ] Commercial Mechanical
- [ ] Manufactured Home
- [ ] Sign
- [ ] Accessory Building
- [ ] Agricultural Building
- [ ] Demolition
- [ ] Irrigation System
- [ ] Other

## Applicant Information

- **Name:** _________________________________________________________   
- **Phone:** __________________________
- **Address:** _______________________________________________   
- **City/St/Zip:** _______________________________
- **Contact:** _______________________________________________________
- **Phone:** __________________________
- **Cell:** __________________________________
- **Email:** ____________________________________________________

## Property Owner

- **Name:** _________________________________________________________   
- **Phone:** __________________________
- **Address:** _______________________________________________   
- **City/St/Zip:** _______________________________
- **Contact:** __________________________________   
- **Phone:** __________________________
- **Cell:** __________________________________
- **Email:** ____________________________________________________

## Contractor Information

- **Name:** _________________________________________________________   
- **Phone:** __________________________
- **Address:** _______________________________________________   
- **City/St/Zip:** _______________________________
- **Contact:** __________________________________   
- **WA ST Contractor License #:** _______________________________
- **City Business License #:**  

## Design Professional

- [ ] Architect
- [ ] Engineer
- [ ] Designer

- **Name:** _________________________________________________________   
- **Phone:** __________________________
- **Address:** _______________________________________________   
- **City/St/Zip:** _______________________________
- **Contact:** __________________________________   
- **Phone:** __________________________
- **Cell:** __________________________________
- **Email:** ____________________________________________________
This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

______________________________
Print Name

______________________________
Signature of Owner or Authorized Agent

______________________________
Date

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<tr>
<th>Use Zone</th>
<th>Lot Area</th>
<th>Vacant Site</th>
<th>Lot Coverage</th>
<th>Flood zone</th>
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<tr>
<td>Front Setback</td>
<td>Side Setback</td>
<td>Rear Setback</td>
<td>Design Review</td>
<td>Critical Areas</td>
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<td>Occupancy Group</td>
<td>Type of Construction</td>
<td>No of Dwelling Units</td>
<td>Sq Ft Garage</td>
<td>Sq Ft Carport</td>
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<tr>
<td>SQ Ft Floor #1</td>
<td>SQ Ft Floor #2</td>
<td>SQ FT Floor #3</td>
<td>Sq FT Deck</td>
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