

COMMERCIAL PERMIT APPLICATION

KITSAP COUNTY

DEPARTMENT OF COMMUNITY DEVELOPMENT

PERMIT # _____

ASSESSOR'S ACCT. #: _____ PROJECT NAME: _____

OWNER'S NAME: _____ PHONE: _____

OWNER'S PRESENT MAILING ADDRESS: _____

TENANT BUSINESS NAME: _____ PREVIOUS TENANT BUSINESS NAME: _____

PROPOSED TYPE OF BUILDING AND USE: _____

PROJECT SITE ADDRESS AND LOCATION: _____

PROJECT DESCRIPTION/SCOPE: _____

BID ESTIMATE FOR CONSTRUCTION: (Including Materials/Labor/All Building Systems Cost) \$ _____

LENDERS INFORMATION OR PRIME CONTRACTOR'S BONDING AGENCY AND CONTRACTOR REGISTRATION

LENDER/BOND INFORMATION REQUIRED IF CONSTRUCTION FINANCING COST EXCEED \$5,000 DOLLARS

APPLICANT WILL PROVIDE PRIOR TO PERMIT ISSUANCE

CONTRACTOR: _____

ADDRESS: _____

CITY, ST. ZIP: _____

PHONE: _____

CONTRACTORS LIC#: _____

PHONE: _____

APPLICANT WILL PROVIDE PRIOR TO PERMIT ISSUANCE

LENDER OR BONDING AGENCY

BOND MUST BE = OR > 50% OF CONSTRUCTION COST

NAME: _____

ADDRESS: _____

CITY, ST. ZIP: _____

PHONE: _____

ANY WATER ON OR ADJACENT TO PROPERTY = SALTWATER CREEK POND LAKE WETLAND OTHER _____

NEW CONSTRUCTION TENANT IMPROVEMENT

REMODEL/ADDITON FUEL/WATER TANK

MECH / PLUMBING OCCUPANCY ONLY

MAIN FLOOR (sq.ft.) _____ 2ND FLOOR (sq.ft.) _____

BASEMENT (sq.ft.) _____ OTHER (sq.ft.) _____

I hereby certify that I have read and examined this application and know that the information contained herein is true and correct. I also certify that I am the owner (or owners authorized agent) of this property and that all work shall be performed in accordance with all state and local laws regulating the project proposed by this application. I understand that failure to comply with such laws or the submission of inaccurate information may result in the revocation of any permit from this application.

OWNER/AGENT SIGNATURE: _____

OWNER/AGENT PRINTED: _____

DATE: _____

CONTACT NAME (If different than above): _____

PHONE: _____

BUILDING PERMIT FEES: \$ _____

PLAN CHECK FEES: \$ _____

OCCUPANCY FEE: \$ _____

ADDRESSING FEE: \$ _____

MECHANICAL FEES \$ _____

PLUMBING FEES: \$ _____

ROAD IMPACT FEES: \$ _____

STATE SURCHARGE: \$ _____

TOTAL FEES: \$ _____

SUBDIVISION: _____

ROADS: N C S

LOT #: _____

LOT SIZE: _____

Date Received:

Planning Required: Yes No

Payment Rec'd \$ _____ Receipt # _____

BUILDING / FIRE APPROVAL

MISCELLANEOUS APPROVAL

PLANNING APPROVAL

BLDG. CORRECTIONS _____

SEPTIC/SEWER _____

ZONIING _____

BLDG. APPROVED _____

CONCURRENCY _____

CRITICAL AREAS _____

BLDG. APPROVED AS REVISED _____

SDAP _____

SHORELINES _____

FIRE CORRECTIONS _____

ROAD APPROACH _____

SETBACK FRONT _____

FIRE APPROVED _____

FLOOD ZONE _____

SETBACK SIDE _____

FIRE APPROVED AS REVISED _____

SETBACK REAR _____

APPROVED _____

TO BE FILLED OUT BY APPLICANT

FOR OFFICE USE ONLY