

COMMERCIAL PERMIT APPLICATION

KITSAP COUNTY

DEPARTMENT OF COMMUNITY DEVELOPMENT

PERMIT # _____

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

TENANT/BUSINESS OWNER'S NAME: _____ PHONE: _____

TENANT/BUSINESS OWNER'S EMAIL ADDRESS: _____

TENANT/BUSINESS OWNER'S PRESENT MAILING ADDRESS: _____

PROPERTY OWNER'S NAME/ADDRESS/CITY/STATE/ZIP: _____

PREVIOUS TENANT/BUSINESS NAME: _____

PROJECT SITE ADDRESS/LOCATION/CITY/STATE/ZIP: _____

NEW CONSTRUCTION TENANT IMPROVEMENT REMODEL/ADD FUEL/WATER TANK MECH / PLUMB OCCUPANCY

BID ESTIMATE: (Including Materials & Labor – MUST SEPARATE Building, Mechanical, Plumbing)

USE BACK OF APPLICATION IF THERE ARE MULTIPLE USES AND CONSTRUCTION TYPES PER FLOOR –

(Example: Main Floor - 468 sq ft office V-B, plus 1500 sq ft commercial storage V-B = 1968 total sq ft)

MAIN FLOOR: _____ sq. ft. USE: _____ CONSTRUCTION TYPE: _____

2ND FLOOR: _____ sq. ft. USE: _____ CONSTRUCTION TYPE: _____

BASEMENT: _____ sq. ft. USE: _____ CONSTRUCTION TYPE: _____

OTHER: _____ sq. ft. USE: _____ CONSTRUCTION TYPE: _____

CONSTRUCTION BID: \$ _____ MECHANICAL BID: \$ _____ PLUMBING BID: \$ _____

*****A DETAILED SCOPE OF WORK MUST BE ATTACHED TO THIS APPLICATION*****

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

APPLICANT WILL PROVIDE PRIOR TO PERMIT ISSUANCE

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CONTRACTOR: _____

LENDER *OR* BONDING AGENCY

ADDRESS: _____

BOND MUST BE = OR > 50% OF CONSTRUCTION COST

CITY, ST. ZIP: _____

NAME: _____

PHONE: _____

ADDRESS: _____

CONTRACTORS LIC#: _____

CITY, ST. ZIP: _____

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

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 owner's 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. I also understand that the fees quoted and/or charged, at application submittal, may be adjusted during processing if it is determined the valuations were inaccurate.

OWNER/AGENT SIGNATURE: _____ DATE: _____

OWNER/AGENT PRINTED: _____ EMAIL: _____

CONTACT NAME (If different than above): _____ PHONE: _____

BUILDING PERMIT FFES: \$ _____
 PERMIT ISSUANCE FEE: \$ _____
 OCCUPANCY FEE: \$ _____
 MECHANICAL F EES: \$ _____
 PLUMBING FEES: \$ _____
 ROAD IMPACT FEES: \$ _____
 STATE SURCHARGE: \$ _____
TOTAL FEES: \$ _____

ROADS: N C S
 LOT #: _____
 SUBDIVISION: _____

Payment Rec'd \$ _____

Date Received:

BUILDING / FIRE APPROVAL

MISCELLANEOUS APPROVAL

PLANNING APPROVAL

BLDG. CORRECTIONS _____

SEPTIC/SEWER _____

ZONING _____

BLDG. APPROVED _____

CONCURRENCY _____

CRITICAL AREAS _____

BLDG. APPROVED AS REVISED _____

SDAP _____

SHORELINES _____

FIRE CORRECTIONS _____

ROAD APPROACH _____

SETBACK FRONT _____/REAR _____

FIRE APPROVED _____

FLOOD ZONE _____

SETBACK SIDE _____

FIRE APPROVED AS REVISED _____

PLANNING APPROVED _____

TO BE FILLED OUT BY APPLICANT

FOR OFFICE USE ONLY