



GENERAL

BUILDING PERMIT APPLICATION

500 E Division Street, Forks, WA 98331

360-374-5412 forkswashington.org info@forkswashington.org

Approved: Yes No Inspector: _____ Date: _____

Fee (City): \$ _____ Fee (State): \$ _____ Plan review: \$ _____ Total \$: _____ Permit #: _____ Receipt #: _____

PROJECT INFORMATION

Single-family residential Multi-family residential Commercial Industrial Public

Project address: _____

Tax parcel number (12-digit geographic ID): _____

Primary contact: _____ Property owner: Yes No

Phone: _____ E-mail: _____

OWNER INFORMATION

Name: _____ Phone: _____

Mailing address: _____ E-mail: _____

CONTRACTOR INFORMATION

Name: _____ License #: _____

Mailing address: _____ Expiration date: _____

Phone: _____ E-mail: _____

ARCHITECT INFORMATION (if applicable)

Name: _____ Phone: _____

Mailing address: _____ E-mail: _____

PROJECT DESCRIPTION

Project value (materials + labor): \$ _____

Summarize proposed work:

I have read and completed the application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine which permits are required and to obtain those permits prior to beginning work. I understand that additional information may be required when determined necessary by the building official, and that the application will be considered abandoned and fees forfeited if the permit is not picked up within 180 days of submittal.

Date Print name Signature (Owner Contractor Representative)