



# MOBILE/MANUFACTURED HOME/BUILDING BUILDING PERMIT APPLICATION

500 E Division Street, Forks, WA 98331  
360-374-5412 forks.washington.org info@forkswashington.org

Approved:  Yes  No Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Fee (City): \$ \_\_\_\_\_ Fee (State): \$ \_\_\_\_\_ Total \$: \_\_\_\_\_ Permit #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

## PROJECT INFORMATION

Single-family residential  Multi-family residential  Commercial  Industrial  Public

Project address: \_\_\_\_\_

Tax parcel number (12-digit geographic ID; *application will not be approved w/out this number\**): \_\_\_\_\_

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: \_\_\_\_\_

## PROJECT DESCRIPTION

Please describe the mobile/manufactured home or building to be installed:

## OTHER REQUIRED MATERIALS

- Site plan
- Engineered drawings

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 plan review fees are not refundable after review has occurred. I understand that I will forfeit review fees if I withdraw the application before the permit is issued. 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. *\*The City of Forks does not maintain tax parcel number information. If you do not have this number, you can look it up by using the Property Search link on the Home page of the Clallam County website (www.clallam.net).*

Date \_\_\_\_\_ Print name \_\_\_\_\_ Signature (  Owner  Contractor  Representative ) \_\_\_\_\_