

General Application

9

RECORD SALES TAX UNDER #1713 Town of Hunts Point, WA 98004-1121

FOR STAFF USE ONLY Permit #: _____ Expiration: _____
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ACCEPTED _____ DATE _____ APPROVED _____ DATE _____
 APPROVED _____ DATE _____
 APPROVED _____ DATE _____
 ISSUED _____ DATE _____ APPROVED _____ DATE _____

PERMIT TYPE:		
<input type="checkbox"/> Boundary Line Adjustment/Lot Consolidation	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Special Use for Wireless Facilities
<input type="checkbox"/> Building	<input type="checkbox"/> Shoreline Substantial Development	<input type="checkbox"/> Subdivisions (Short & Major)
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Site Development	<input type="checkbox"/> Tree Removal

Property Address _____ Lot # _____ Zone _____

Owner Information:

Name _____ Phone _____ Fax _____ Email _____
 Mailing Address _____ City _____ Zip Code _____

Agent Information:

Name _____ Phone _____ Fax _____ Email _____
 Mailing Address _____ City _____ Zip Code _____

Architect/Designer Information:

Name _____ Phone _____ Fax _____ Email _____
 Mailing Address _____ City _____ Zip Code _____

Contractor Information:

Name _____ Phone _____ Fax _____ Email _____
 Mailing Address _____ City _____ Zip Code _____
 License _____ Expiration _____ Tax # _____

Property Legal _____
 Assessor's Parcel # _____

Description of project or use (if further space is needed, please attach explanation): _____ _____ _____	Square Footage _____
<input type="checkbox"/> Repair <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/> Conversion <input type="checkbox"/> New Construction	

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM THE OWNER OF THE ABOVE PROPERTY OR THE DULY AUTHORIZED AGENT OF THE OWNER(S) ACTING ON BEHALF OF THE OWNER(S) AND THAT ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT ALL APPLICABLE FEDERAL, STATE, COUNTY, AND TOWN OF HUNTS POINT REQUIREMENTS FOR THE WORK AUTHORIZED BY THIS PERMIT WILL BE MET.

VALUATION \$ _____

IS WORK WITHIN 200 FEET OF LAKE WASHINGTON HIGH WATER LINE?
 YES NO

SIGNATURE _____

DATE _____

OWNER AGENT (AGENTS *MUST* HAVE FORM 9a COMPLETED WITH PROPERTY OWNER'S SIGNATURE)

NOTE: All costs from actual staff/consultant time will be billed to applicant.

PLAN REVIEW DEPOSIT \$ _____	RECEIPT _____ BY _____
DATE _____	DATE _____
PLAN REVIEW FEE \$ _____	PERMIT FEE \$ _____
INSPECTION DEPOSIT \$ _____	OTHER CHARGES \$ _____
STATE BUILDING FEE \$ _____	LESS FEES PAID \$ (_____)
TOTAL \$ _____	RECEIPT _____ BY _____
DATE _____	DATE _____



Town Hall, 3000 Hunts Point Road, Hunts Point, WA 98004-1121. Phone 425.455.1834, FAX 425.454.4586. Permit intake and issuance hours are Tuesday and Thursday, 8am-12pm and 1pm-5pm. Building Services Department 425.455.1834.