



Permit Center
 210 Lottie Street
 Bellingham, WA 98225
 phone: 360-778-8300
 fax: 360-778-8301
 www.cob.org

Residential Building Permit Application

Office Use Only
 Date Received: _____

QRP Standard Major

Permit Numbers: _____

Project Address

Contractor

Applicant

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

State License #: _____ Exp: _____

Bellingham Business Reg. #: _____

- Applications accepted by mail must include a check for the deposit
- See the "Residential Building Permit Application Requirements" for details on plan requirements

Project Description

Parcel Number

Legal Description (may require deed history)

Project Valuation

\$ _____

Building Information

Number of Dwelling Units: _____ Number of Stories: _____

Floor Area: Existing: _____ New: _____

Basement? Yes No If Yes, is it finished?: Yes No

Sewer New Existing

Septic New Existing

Water New Existing

Lender Information

Lender information must be provided for projects over \$5,000 in valuation per RCW 19.27.095

Name: _____

Plan Review Fee Paid

Date: _____ Amount: _____

Receipt Number: _____

Property Owner

Applicant

Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____ Email: _____

Architect Designer Engineer

Applicant

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact

Applicant

Company: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____ Email: _____

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

Signature by Owner/Applicant/Agent _____

Date _____

City and State where this application is signed _____

Fixture Count

Mechanical Equipment – New and/or Relocated Fixtures

Indicate Fuel Type

Natural Gas
 Electric
 Propane
 Wood
 Other:

Type of Equipment	Number	Type of Equipment	Number
Forced Air Furnace		Clothes Dryer	
Boiler		Gas Water Heater (use Plumbing table for Electric Water Heater)	
Exhaust Fan		Gas Fireplace or Insert	
Gas Cooking Appliance (Stove)		Gas BBQ, other cooking appliance	
Range Hood (Type II)		Gas Outlets/Piping	
Wood Stove		Relocate/Repair	
Air Conditioner		Room/Unit Heater	
Hydronic Heating System		Fire Log Lighter	
Other:		Other:	

Plumbing Fixtures – New and/or Relocated Fixtures

Type of Fixture	Number	Type of Fixture	Number
Toilet (Water Closet)		Clothes Washer	
Bathtub		Electric Water Heater (use Mechanical table for Gas Water Heater)	
Shower		Utility/Service Sink	
Hand Sink		Hose Bibb	
Kitchen Sink (Includes Disposal)		Floor Drain	
Dishwasher		Other:	

Water Using Fixtures – Existing and New

For Public Works purposes, list all water using fixtures in the building

Water Fixture	Number	Water Fixture	Number
Bath		Kitchen Sink	
Bath/shower combo		Dishwasher	
Shower (Stand alone/head)		Bar Sink/Veggie Sink	
3/4" bathtub fill valve		Clothes Washer	
Hand Sink		Utility/Laundry Sink	
Toilet (Water Closet)		Hose Bibb	
Urinal		Lawn Sprinkler/head	
Bidet		Other:	
Drinking Fountain		Other:	