



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

Commercial Building Permit Application

Project Address

Contractor Applicant
Company: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
State License #: _____ Exp: _____
Email: _____
Bellingham Business Reg. #:

- Applications accepted by mail must include a check for the deposit(s)
- See our TI checklist or Commercial Building Application packet for submittal requirements

Office Use Only
Date Received: _____

 QRP Standard Major

Permit Numbers:

Property Owner Applicant
Name: _____
Address: _____
City/State/Zip: _____
Phone/Fax: _____ Email: _____

Project Description

Parcel Number

Legal Description

Architect Designer Engineer Applicant
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Project Valuation
\$ _____

Building Information
Number of Stories: _____ Type of Construction: _____
Occupancy: _____
Floor Area: Existing: _____ New: _____
Sprinklers? Yes No Type: _____
Basement: Yes No
Number of dwelling units: _____

Tenant Applicant
Company: _____
Contact Name: _____
Address: _____
City/State/Zip: _____
Phone/Fax: _____ Email: _____

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: _____

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, at any point during the review or inspection process, I 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
City and State where this application is signed _____

Date _____