



**Permit Center**

210 Lottie Street, Bellingham, WA 98225  
 Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382  
 Email: [permits@cob.org](mailto:permits@cob.org) Web: [www.cob.org/permits](http://www.cob.org/permits)

# Building Permit Application

See separate handouts for complete submittal requirements and fees. If mechanical and/or plumbing fixtures are installed or replaced, complete supplemental fixture count worksheet.

## Property Information

Site Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

Legal Description \_\_\_\_\_

Rental Property?  Yes  No If Yes, please register here: <http://www.cob.org/services/housing/rentals>

## Project Information

Description of work \_\_\_\_\_

Single Family & Duplex Valuation of work (see fee worksheet): \$ \_\_\_\_\_

Commercial & Multi-Family Valuation of work (see valuation guidelines): \$ \_\_\_\_\_

Permit Fee Estimates (fee calculator Excel worksheet) \_\_\_\_\_

## Building Information

Single Family       Duplex       Multifamily, # of Dwelling Units: \_\_\_\_\_  
 Commercial       Other Use Type: \_\_\_\_\_

Occupancy Classification(s)	Occupant Load	New Floor Area	Existing Floor Area	Floor Level	Const. Type	Notes

# of Stories (excluding basement) \_\_\_\_\_ Basement  Finished  Unfinished  None

Total Building Floor Area \_\_\_\_\_ Building Height (if new/increased) \_\_\_\_\_

Fire sprinkler?  Yes, existing  Yes, proposed  No      If yes, is it  Voluntary  Required

Fire alarm?  Yes, existing  Yes, proposed  No      If yes, is it  Voluntary  Required

Sewer  Existing  New  N/A      Septic  Existing  New  N/A      Water  Existing  New

Defer sewer and water system development charges? (New SFR & Duplex ONLY)  Yes  No

Defer Impact Fees? (New SFR ONLY)  Yes  No

*\*Recorded Lien must be submitted at time of Building Permit Issuance\**

Impervious Surface Area (square feet)	Existing	Proposed New	Proposed Replaced
<b>Totals</b>			

**People Information** complete as many entries as necessary to **indicate all responsible parties:** owner, applicant, contractor, design professional, engineer, tenant, etc. Use additional sheets if needed.

**Check all that apply**  Applicant\*  Owner  Contractor  Other \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check here if you would like to receive email notifications called Technical Assistance Bulletins (TABs)

**Check all that apply**  Applicant\*  Owner  Contractor  Other \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check here if you would like to receive email notifications called Technical Assistance Bulletins (TABs)

**Check all that apply**  Applicant\*  Owner  Contractor  Other \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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**PERSON PERFORMING THE WORK is**

**Property owner or**  **Tenant** and is exempt from contractor licensing requirements pursuant to RCW 18.27.090. If tenant is checked, an additional acknowledgment form must be completed prior to issuance.

**Licensed contractor**, please complete licensing information below (may be deferred until issuance).

L & I License # \_\_\_\_\_ Exp \_\_\_\_\_

*Please note, businesses operating in the City limits must have a valid Bellingham Business Registration.*

**FINANCING INFORMATION** required if project valuation exceeds \$5,000, per RCW 19.27.095 (may be deferred until issuance)

**Lender administering the construction financing or firm issuing a payment bond** (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self financing, please indicate)

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Code \_\_\_\_\_

\*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. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

City and State where this application is signed \_\_\_\_\_