



# Application for BUILDING PERMIT

**BUILDING SERVICES DIVISION**

1700 Civic Drive · DuPont, WA 98327

P: (253) 912-5216 · F: (253) 964-1455

[www.dupontwa.gov](http://www.dupontwa.gov)

PERMIT NUMBER: \_\_\_\_\_

- SFR   
  Duplex   
  Multi Family/No.Units \_\_\_\_\_   
  Commercial: Type of Use: \_\_\_\_\_  
(i.e. Business, Food Service, Government, Repair Garage, Retail, etc)  
 Other \_\_\_\_\_   
  Detached Garage   
  Deck  
  
 New   
  Addition   
  Remodel   
  Tenant Improvement   
  Repair   
  Demolition

<b>Project Address:</b>	<b>Parcel Number:</b>
<b>Owner of Building:</b>	<b>Project Name (commercial) :</b>
<b>Mailing Address:</b> <small>(if different from Project Address)</small>	<b>Phone Number: (    )</b>

**Applicant (if contractor, fill out next section):**

Address:	City:	State:	Zip:
Contact Person:	Email:	Phone Number: (    )	

**Contractor:**

Address:	City:	State:	Zip:
State Contractor Number:	City Business License:		
Project Contact Person:	Phone Number: (    )		

**Value of Work (required):**

**Description of Work:**

Square Footage: 1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	Garage	Other (    )	<b>TOTAL: 0</b>
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<b><u>SCHEDULE OF FEES</u></b> (OFFICE USE)	
Valuation	\$ _____
Permit Fee <small>(City of DuPont Fee Table)</small>	\$ _____
Plan Review Fee <small>(75% of permit fee)</small>	\$ _____
BCC Fee (Residential)	\$ 6.50
BCC Fee (Commercial)	\$ 25.00
<b>SUBTOTAL</b>	<b>\$ _____</b>
Paid: Rec't# _____	Amt.\$ _____
<b>Balance TOTAL</b>	<b>\$ _____</b>

I certify that I am the:     Owner     Contractor     Agent

I hereby certify that I have read and examined this application and state that the above information is correct. I agree to comply with all City Ordinances and State Laws, whether specified herein or not.

\*\*\*By leaving the contractor information section blank, I hereby certify further that contractors (General or Subcontractors) will not be hired to perform any work in association with this permit.

Applicant / Authorized Agent Signature	Date
Printed Name	