



Permit Center

210 Lottie Street, Bellingham, WA 98225

Phone: (360) 778-8300 Fax: (360) 778-8301 TTY: (360) 778-8382

Email: permits@cob.org Web: 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
Totals			

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 _____