



Service Req. ID:

Permit Fee:

Processed by:

Date:

Applicant Name: Contractor or Owner (or Authorized Agent)

Applicant Email: Phone:

Applicants Address:

Signature of Applicant:

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND INSTALLER CERTIFICATION (RCW 18.106).