



# Applicant Status, Permit Transfer

## Project Information

PERMIT NUMBER(S)	PERMIT NAME
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By signing this document, I certify that I am an owner and/or the authorized agent for the property affected by this permit(s). In making this certification, I am assuming any and all rights to apply for this permit or approval to the person(s) and/or entity listed below, I represent all owners of the subject property.

The transfer of this permit(s) is for (select all that apply):

- New property owner
  New contractor

## New Owner

FULL NAME	PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP CODE

NEW OWNER SIGNATURE OR PRINTED NAME	DATE
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## New Contractor

FULL NAME	PHONE NUMBER	EMAIL ADDRESS		
MAILING ADDRESS		CITY	STATE	ZIP CODE

CONTRACTOR NUMBER:	EXPIRATION DATE:
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NEW CONTRACTOR SIGNATURE OR PRINTED NAME	DATE
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## Applicant Status, Permit Transfer, continued

The new Applicant responsible for this permit(s) will be (select one):

- New property owner                       New contractor

As the Applicant, I am financially responsible for all fees, and I will receive any applicable refunds. I will remain the Applicant for as long as this permit is valid, unless the I transfer this permit(s) in writing to the Department of Local Services, Permitting Division.

New property owners must attach proof of ownership.

By signing as the Applicant or the Applicant's Agent, I certify under penalty of perjury under the laws of the State of Washington that the information provided above is true and correct.

SIGNATURE OR PRINTED NAME OF NEW APPLICANT	DATE
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- I authorize Permitting to return plans directly to the engineer, architect or other consultant(s) for the limited purpose of making corrections as designated on the Authorized Consultant page.

Authorized Consultant List,  
continued on next page

# Applicant Status, Permit Transfer, continued

## Authorized Consultants:

BUSINESS NAME		
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
BUSINESS NAME		
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