



BUILDING PERMIT APPLICATION

BLD PERMIT #	VALUATION	RELATED PROJECT NUMBER(S)

Type of Work:

- New
 Addition
 Alteration
 Tenant
 Other _____

Section 1 – Project Information

Description of Work: _____

Enter the square footage (sq. ft.) for areas where work is to be done. The determination of building permit fees for projects reviewed by the City of Bainbridge Island Building Division will be based on valuation computed from these figures.

Area	Sq.Ft. - New	Sq.Ft. - Remodel
1 st floor		
2 nd floor		
Basement		
Garage/Carport		
Garage 2 nd fl – unfinished storage		
Deck		
Other:		
Total All Sq Ft Areas		
Total New Impervious Surface within last 5 years.		If over 800 square feet, drainage review is required.

# of Bedrooms		# of Bathrooms		Roofing material:	
#of Dwelling Units		Method of Heat (ie: electric/propane):			

Check if installing any of the below:

- Sprinkler System
 Alarm
 Elevator

Section 2 - Property Information

Site Address: _____ Assessor Tax Parcel Number(s): _____

Present Zoning: _____ Present Use of Property: _____

Lot Size: _____ Lot Coverage: _____ Impervious Surface: _____

Amount of Proposed Grading/Fill: _____ cubic yards

Section 3 - Lender Information

Lender information required if construction financing cost exceeds \$5,000.

Lender: _____

Lender's address: _____

Lender's Phone: _____ Lender's email: _____

Section 4 – Applicant/Property Owner Information

Property Owner: Name: _____ Address: _____ Contact Phone #: _____ Email Address: _____		
Applicant: Note: For projects with multiple owners, attach a separate sheet with each owner(s) information and signatures. <input type="checkbox"/> Owner <input type="checkbox"/> Applicant (other than owner) <input type="checkbox"/> Authorized Agent/Representative* Name: _____ Address: _____ Contact Phone #: _____ Email Address: _____		
Contractor Washington State allows homeowners to be their own general contractor. However, when choosing a contractor or subcontractor to perform work they are required to be registered with the Washington State Department of Labor and Industries. For more information about choosing and hiring a contractor visit http://www.lni.wa.gov/tradeslicensing/ . <input type="checkbox"/> Check if this is the Authorized Agent/Representative* for this project. Name: _____ Title: _____ License Number: _____ Liability Certificate: _____ Address: _____ Contact Phone #: _____ Email Address: _____ *I authorize the listed contractor to perform those inspections the City has identified in the self-certification program. (Residential projects only) _____		
Owner Signature	Date	

*The authorized agent/representative is the primary contact for all project-related questions and correspondence. The City will email requests and information about the application to the authorized agent/representative and will 'copy' (Cc) the owner noted below. The authorized agent/representative is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent/representative and owner to ensure their mailbox accepts City email (i.e., City email is not blocked or sent to "junk mail"). There may be instances where regular USPS or courier mail is used.

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site. Further, as owner, I grant permission to any and all employees and representative of the City of Bainbridge Island and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application.

Print Name (Owner)

Signature (Owner)

Date

Print Name (Owner)

Signature (Owner)

Date

Approvals	Initials	Date
Planning		
Building		
Drainage		
Other		