

CITY OF BAINBRIDGE ISLAND BUILDING PERMIT APPLICATION

280 Madison Ave. N
Bainbridge Is, WA 98110-1812
(206) 842-2552 Fax (206) 780-0955
pcd@ci.bainbridge-isl.wa.us



BLD	VALUATION:	Related Project Number(s): _____
1. Owner:	Address:	Phone:
2. Contact Person:	Address:	Phone:
3. Site Address:		
4. Tax Account Number:		
5. Contractor:	Address:	Phone:
6. Contractors License #:		Exp. Date:
7. Architect:	Address:	Phone:
8. Type of work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Tenant <input type="checkbox"/> Other:		
9. Use of Building:		
10. Describe work:		
11. Lot Size:	Lot Coverage %	Impervious surface:
12. Wetland: <input type="checkbox"/> yes <input type="checkbox"/> no Shoreline <input type="checkbox"/> yes <input type="checkbox"/> no Stream/creek <input type="checkbox"/> yes <input type="checkbox"/> no Describe:		
Direction to Job Site from City Hall:		
Signature of Owner:		Date:
Signature of Agent:		Date:
<i>Notice: I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not.</i>		
OFFICE USE ONLY		
Zoning:	Setbacks: Front:	Side Side Rear Other:
Special Conditions:		
DEPARTMENT	SIGNATURE	APPROVAL DATE
PLANNING REVIEW		
BUILDING REVIEW		
DRAINAGE REVIEW		
FIRE REVIEW		
GEOTECH REVIEW		
OTHER		
Application Accepted by:		Date:
Issue Date:	Approved By:	Date:
<i>This permit shall expire 180 days from date of issuance, if work authorized by this permit is not commenced or if work is suspended or abandoned for a period of 180 days.</i>		

Revised: Jan 2010

Copy to: Applicant & Assessor