



Permit Center
 Location: 400 W. Gowe
 Kent, WA 98032-5895
 (253) 856-5300 FAX: (253) 856-6412
 www.KentWA.gov/permitcenter

Rtg. Type	Tracking Number
Permit Name	
Permit Type	Site Specific from Basic
Date Submitted	
Projected Review Date	
Completed By	
Routing: <input type="checkbox"/> PC <input type="checkbox"/> PS <input type="checkbox"/> PW <input type="checkbox"/> FD	

Site Specific Residence (Built w/a Basic) Application

Project Name: _____ Parcel No.: _____
PLAT NAME LOT NO.

Project Address: _____

Basic Plan Name: _____

Tracking No. of Basic Plan: _____ RDBA: _____

Building owner	
Name:	
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Contractor	
Company Name:	
Contractor License #:	
Exp. Date:	UBI #:
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Project Contact <small>(person receiving all project communications)</small>			
Name:			
Contact Person:			
Address:	City:	State:	Zip:
Phone(s):	Fax:	E-mail:	

Applicant: OWNER OWNER'S AGENT CONTRACTOR CONTRACTOR'S AGENT

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property described on this permit application, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.

 Print name of Applicant

 Applicant's signature

 Date

Application expires 180 days after date submitted.