



## DEPARTMENT OF COMMUNITY DEVELOPMENT

621 Sheridan Street, Port Townsend, WA 98368  
 Tel: 360.379.4450 | Fax: 360.379.4451  
 Web: [www.co.jefferson.wa.us/communitydevelopment](http://www.co.jefferson.wa.us/communitydevelopment)  
 E-mail: [dcd@co.jefferson.wa.us](mailto:dcd@co.jefferson.wa.us)

### SUPPLEMENTAL APPLICATION RESIDENTIAL OR COMMERCIAL BLDG PERMIT

|                                |            |       |
|--------------------------------|------------|-------|
| <b>For Department Use Only</b> | Receipt #: | Date: |
| Related Application #s:        | Payment #: |       |

#### Site Information

|                   |                              |
|-------------------|------------------------------|
| Owner Name: _____ | Assessor Tax Parcel #: _____ |
|-------------------|------------------------------|

#### Type of Building

|                                |                   |                    |
|--------------------------------|-------------------|--------------------|
| New _____                      | Replacement _____ | Relocated _____    |
| Addition _____                 | Repair _____      | Demolition _____ * |
| *A separate permit is required |                   |                    |
| Select One:                    |                   |                    |
| Single Family Residence _____  | Modular _____     | Other _____ list   |

#### Proposed Building/Project

|                        |                       |                |                  |
|------------------------|-----------------------|----------------|------------------|
| Number of floors _____ | # new bedrooms _____  | existing _____ | total bed _____  |
|                        | # new bathrooms _____ | existing _____ | total bath _____ |

#### Heat Source

Select all that apply:

Electric \_\_\_\_\_ Heating Oil \_\_\_\_\_ Wood \_\_\_\_\_ Propane \_\_\_\_\_

Enter the square footage (sq/ft) that applies in each field:

| Structure                                    | Existing Sq/Ft | Proposed Sq/Ft | ICC Valuation (Office Use) |
|--|----------------|----------------|----------------------------|
| Residential / Commercial Main Floor          |                |                |                            |
| Residential / Commercial Second Floor        |                |                |                            |
| Additional Floors - heated / unheated        |                |                |                            |
| Basement - unfinished                        |                |                |                            |
| Basement - finished space or habitable       |                |                |                            |
| Detached Garage - heated / unheated          |                |                |                            |
| Attached Garage - heated / unheated          |                |                |                            |
| Garage 2nd fl - unfinished storage           |                |                |                            |
| Garage 2nd fl - finished space or habitable  |                |                |                            |
| Carport - 2 walls or less                    |                |                |                            |
| Deck - uncovered                             |                |                |                            |
| Covered porch                                |                |                |                            |
| Other (shed, barn, pole bldg, etc.)          |                |                |                            |
| <b>Estimated Cost of Project (Required):</b> | <b>\$</b>      |                | <b>\$</b>                  |

List existing buildings on property (i.e. house, garage, accessory dwelling unit, shed, barn, mobile home, other):

| All Existing Buildings on Property | Use |
|------------------------------------|-----|
|                                    |     |
|                                    |     |
|                                    |     |

**Builders Statement**

The signer of this statement certifies that they are the Owners of the parcel referenced herein, that they are not licensed contractors and that they will be assuming the responsibility of the General Contractor for the proposed project.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this application form, the owner/agent attests that the information provided herein, and in any attachments, is true and correct to the best of his or her knowledge. Any material falsehood or any omission of a material fact made by the owner/agent with respect to this application packet may result in making any issued permit null and void.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Department Use Only**

**Building Permit Fees**

Building Base

Plan Check Review

Land Use Review

Septic Review

Potable Water

Technology/Scan

State Fee

|          |
|----------|
|          |
|          |
| \$282.00 |
| \$137.00 |
| \$137.00 |
| \$24.00  |
| \$6.50   |
|          |
|          |
|          |
|          |
|          |
|          |
|          |

**Other Fees**

Shoreline Exemption

Zoning \_\_\_\_\_

Zoning \_\_\_\_\_

Other \_\_\_\_\_

New Address

Technology Fee – 5%

**Total Fees**

|  |
|--|
|  |
|--|

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check/CC: \_\_\_\_\_