BUILDING PERMIT APPLICATION

Site Address:	
Parcel Number(s):	Lot/Tract Number: Plat Name:
Flood Zone:	Abbreviated Legal Description:
Owner Name:	**Lender Name:**
Address:	Address: City/State:
City/State: Zip:	**Project Contact Name:**
Phone: Email:	**Phone and Cell Phone:** **Email:**
Applicant Name:	**Contractor's Name:**
Address:	Address:
City/State: Zip:	City/State: Zip:
Phone: Email:	Phone: Email:
Detailed Project Description:	Labor & Industries License/Exp. Date: / City Business License:
	By affixing my signature hereto, I certify that I am the owner, or am acting as the Owner's authorized agent, and that the application and documents contained with this submittal are complete and accurate to the best of my knowledge and abilities.
Valuation of Project: / Amount of Plan Review Paid:	Signature of Owner/Agent Date

Community & Economic Development Department
P.O. Box 809 / 910 Cleveland Ave. – Mount Vernon, WA 98273
(360) 336-6214 – www.mountvernonwa.gov