



CERTIFICATE OF OCCUPANCY PERMIT APPLICATION

216 Prospect Street
Port Orchard, WA 98366
(360) 876-4991 Fax (360) 876-4980

PLEASE PRINT OR TYPE (USE BLUE OR BLACK INK)

Assessor's Tax Account Number: _____

Location of Project: _____

Applicant: _____ Address: _____ Phone: _____

Name of Contact: _____ Address: _____ Phone: _____

Property Owner: _____ Address: _____ Phone: _____

Project Description - Type of Business: _____
(Any business dealing with food must have Health District approval letter prior to issuance of Certificate of Occupancy.)

Name of Business: _____ CITY BUSINESS LICENSE: _____
(As it appears on your City Business License)

***FOUR COPIES OF A CURRENT FLOOR PLAN DRAWING THAT SHOWS ALL EXITS AND PLUMBING FIXTURES (BATHROOMS, SINKS, ETC.) MUST ACCOMPANY THIS APPLICATION FLOOR PLAN NOT REQUIRED FOR HOME BUSINESSES**

I understand that applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and other data submitted for review may thereafter be returned to the applicant or destroyed by the Building Official. Sec.107.4 U.B.C.

Applicant's Signature DATE: _____

DO NOT WRITE BELOW THIS LINE

PERMIT RATES SUBJECT TO CHANGE WITHOUT NOTICE

BUILDING PERMIT FEE \$ 50.00 _____
PLAN CHECK FEE \$ _____
(Bldg Inspector circle yes or no if there is plan review or not)
SURCHARGES \$ 4.50 _____
CONCURRENCY FEE \$ _____
(Planners circle sewer, water, or roads for Concurrency fee)

OTHER FEES \$ _____

TOTAL FEES DUE \$ 54.50 _____ BLDG PERMIT # _____ RECEIPT # _____

See reverse side for approval signatures

Permit # _____

APPROVALS

FIRE DEPARTMENT APPROVAL: _____

PLANNING DEPARTMENT APPROVAL: _____ **Zoning:** _____

Planning Code References: _____

BUILDING DEPARTMENT APPROVAL: _____ **Building Code References:** _____

I.B.C. _____ **Edition** **TYPE OF OCCUPANCY:** _____ **CONSTRUCTION TYPE:** _____

CONDITIONS OF APPROVAL: _____
