

# Over-the-Counter Permit Application

Permit No. \_\_\_\_\_



152 W Cedar Street  
(360) 683-4908  
[BuildingDept@sequimwa.gov](mailto:BuildingDept@sequimwa.gov)  
[www.sequimwa.gov](http://www.sequimwa.gov)

## PROJECT LOCATION & DETAILS

Address \_\_\_\_\_ Geographic ID No. (Parcel #) \_\_\_\_\_  
Legal Description \_\_\_\_\_  
Project Description \_\_\_\_\_  
Project Valuation \$ \_\_\_\_\_

- DEMOLITION - RESIDENTIAL: \$71.50 COMMERCIAL: \$90.00
- RE-ROOF (no structural work) RESIDENTIAL \$71.50 COMMERCIAL \$90.00
- HEAT PUMP/FURNACE/HVAC \$38.50 PLUS FIXTURE FEES QUANTITY \_\_\_\_\_ \$14.80 ea.
- AIR HANDLER (do not include those that are integral to the units counted above) QUANTITY \_\_\_\_\_ \$10.65 ea.

## PROPERTY OWNER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## CONTRACTOR

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
State Business License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
City Business License (UBI) No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Under penalty of perjury under the laws of the State of Washington, the undersigned permittee states that all information provided above is true to the best of permittee's knowledge; that permittee is the owner of the subject property or authorized to act on behalf of the owner; that permittee possesses all required licenses, certificates, insurance policies or bonds in good standing; and that all activities associated with this permit will be performed in accordance with state law and the Sequim Municipal Code.

All sales tax to the State Department of Revenue on labor and materials used for construction within the Sequim City limits are to be reported under Location Code #0503.

**Total Fees Due: \$ \_\_\_\_\_**

\_\_\_\_\_  
Permittee Signature(s)      Date

\_\_\_\_\_  
DCD Approval      Date

\_\_\_\_\_  
Finance Approval      Date

# Site Inspection Card

Address:

Permit No.:

Owner:

Issued:

Contractor:

Expires:

Job Description:

Inspection Type

Date

Date

Inspector

Final

## POST IN A CONSPICUOUS PLACE

THIS CARD MUST BE DISPLAYED ON JOB SITE AT ALL TIMES WITH APPROVED PLANS.

CALL (360) 683-4908, EXT. 2 FOR INSPECTION. CALLS MUST BE RECEIVED BY 5:00 PM

FOR INSPECTION ON THE FOLLOWING INSPECTION DAY.