



City of Seattle
Department of Planning and Development (DPD)
www.seattle.gov/dpd

Applicant Services Center
 700 Fifth Avenue, Suite 2000
 P.O. Box 34019
 Seattle, WA 98124-4019

Phone: 206-684-8850
 Hours: M/W/F, 7:30 am – 5:30 pm
 T/Th, 10:30 am – 5:30 pm

PERMIT TRANSFER REQUEST

Permit or A/P #: _____ **Date Permit Issued:** _____
 (Original Permit Number)

Receipt #: _____
 (Original Purchase Receipt Number)

Primary Applicant/Installer: _____

Address: _____

Phone #: _____

Transfer Installer of Record:

I hereby transfer the installation rights in the application/permit identified above to the **NEW INSTALLER** and all funds associated with this permit to the Department of Planning and Development.

Original Permit Holder Signature: _____

New Installer/Company Name : _____

Address: _____

Phone #: _____

Contractor License #: _____

City of Seattle Business License #: _____

Reason / Comments:

DPD Use Only:	
_____	_____
(Authorized Signature)	(Date)