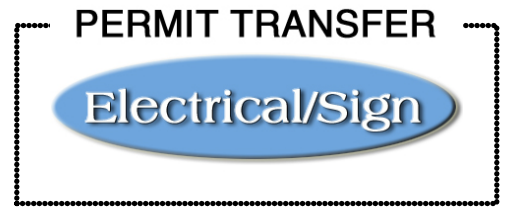




City of Seattle
Department of Construction and Inspections
 Construction Inspections Division
 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019
 Phone: (206) 684-8950 **Permit Counter Email:** otcpermits@seattle.gov
 Website: www.seattle.gov/sdci
ASC Hours: M / W / F 8:00-4:00 & Tu / Th 10:30-4:00



APPLICATION FOR PERMIT TRANSFER

(For use with Electrical & Sign Permits only)

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

Receipt #: _____ Date Permit Issued: _____
 (Original Purchase Receipt Number)

Work Site Address: _____

Primary Applicant/Installer: _____ Phone #: _____

Receipt Issued to: _____
 (Installer/Owner)

Transfer Installer of Record:

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

Original Permit Holder Signature: _____

New Installer Company Name: _____

Contractor License #: _____

City of Seattle Bus Lic # _____

Address: _____

Phone #: _____

Comments/Description: _____

Seattle DCI Staff Use Only:

 (Authorized Signature) _____ (Date)