



City of Seattle, Department of Planning & Development
Mailing Address: 700 5th Ave, Suite 2000, PO Box 34019, Seattle, WA 98124-4019
Phone: (206) 684-8464 **Fax:** (206) 684-8113
Website: www.seattle.gov/dpd **Hours:** M, W, F: 7:30-5:30 T, Th: 10:30-5:30

...PERMIT APPLICATION...



Work Site Address: _____ **Zip:** _____

Work Activity Location: _____ **Apt/Suite:** _____

Occupancy: Single Family Multi-Family Commercial Institutional Industrial

Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION **CONTRACTOR / INSTALLER INFORMATION**

Owner Tenant

Name: _____ **State License #:** _____

Phone: (____) _____ **City of Seattle Bus Lic #:** _____

Fax: (____) _____ **Company Name:** _____

Address: _____ **Contact Name:** _____

Apt/Ste: _____ **Phone:** (____) _____

City/State: _____ **Zip:** _____ **City/State:** _____ **Zip:** _____

Zone: _____ **Protected Districts and Landmarks Approval #:** _____

Street Use Permit #: _____ **# of Branch Circuits:** _____ Shoreline

Installations Based on Valuation
 (Include labor and materials whether or not furnished by installer, furnishings and equipment provided by the owner)

Awning/Canopy Structure (1) Border Tubing (2) Owner's Value (1 & 2): \$ _____

Installations Based on Sign Area

Sign #1: Awning Canopy Directional Ground Pole Projecting
 Wall Painted Wall Sign Interior Sign Under Canopy Roof

Sign Area: _____ Square feet **Illuminated:** Yes No

Sign #2: Awning Canopy Directional Ground Pole Projecting
 Wall Painted Wall Sign Interior Sign Under Canopy Roof

Sign Area: _____ Square feet **Illuminated:** Yes No

Sign #3: Awning Canopy Directional Ground Pole Projecting
 Wall Painted Wall Sign Interior Sign Under Canopy Roof

Sign Area: _____ Square feet **Illuminated:** Yes No

Off-Premises Advertising Sign Information

Action Type: Alteration Demolition New Billboard Registration #: _____ Related MUP #: _____

The Revised Code of Washington (R.C.W.19.28) and the City of Seattle Electrical Code requires all individuals or entities (other than the property owner) engaged in the business of the installation of electrical wiring to have a valid Washington State Electrical Contractors license.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ **Date of Application:** _____

Contractor or Owner (or Authorized Agent)

PAYMENT & MAILING INSTRUCTIONS:

Pay by Check **Mail checks to:** DPD, P.O. Box 34234, Seattle, WA 98124-1234

Charge my escrow (ADA) account # _____

Call me at (____) _____ for a credit card number

Choose one of the following options: Mail Permit Mail & Fax Permit

Hold Permit for Pick-Up Mail & Email Permit to: _____

DPD USE ONLY:

Permit #: _____

Permit Fee: _____