



**City of Seattle**

Department of Planning and Development  
Applicant Services Center  
700 – 5<sup>th</sup> Avenue, Suite 2000  
P. O. Box 34019  
Seattle, WA 98124-4019  
(206) 684-8850

**REQUEST TO RENEW or RE-ESTABLISH A PERMIT**

*(To be filled out by the applicant)*

Please renew/re-establish Permit # \_\_\_\_\_ Issue date of original permit \_\_\_\_\_

Property Address: \_\_\_\_\_

Work started?  Yes  No If yes, at what stage: \_\_\_\_\_  
Is it ready for the next required inspection?  Yes  No  
How much work is left to be done? \$ \_\_\_\_\_ Or \_\_\_\_\_ %

If work has not started, reason for delay: \_\_\_\_\_

Please check if owners/contact information has changed:  Yes  No

Owner/Lessee: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Day Phone #: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I UNDERSTAND THAT THIS DOES NOT CONSTITUTE A PERMIT**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print Name: \_\_\_\_\_  
Relationship to the project: Owner  Contractor  Other

*(To be filled out by DPD staff)*

Zoning: \_\_\_\_\_ ECA # \_\_\_\_\_

Shoreline: Yes  No

Fee Received: \$ \_\_\_\_\_

Address established:  Yes  No

If not, EA form completed on (date): \_\_\_\_\_ P/S initials: \_\_\_\_\_

New Post Sub AP #: \_\_\_\_\_



(Please attach to page 1 - \*DPD use only)

# Renewal/Re-Establish Permit Transmittal Form

Permit Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

(Boxed area to be completed by Reviewers)

YES NO Signature Date

Zoning \_\_\_\_\_  
Initials Date Routed

Land Use \_\_\_\_\_  
Initials Date Routed

ECA \_\_\_\_\_  
Initials Date Routed

Ord Struct \_\_\_\_\_  
Initials Date Routed

Other \_\_\_\_\_  
Initials Date Routed

(specify) \_\_\_\_\_

Building Inspector \_\_\_\_\_  
Initials Date Routed

Ok to issue?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ok to issue?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ok to issue?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ok to issue?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ok to issue?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ok to issue?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Work started?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

(To be completed by Building Inspector)

\*If zoning standards have changed, please answer the following:

(Boxed area to be completed by Building Inspectors)

YES NO Signature Date

- Has a required inspection taken place since issuance or last renewal?
- Is work in progress?  
If yes, at what stage? \_\_\_\_\_
- Is it ready for the next required inspection?

	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Comments \_\_\_\_\_

\_\_\_\_\_ This permit to expire (date): \_\_\_\_\_