



Seattle Department of Transportation | Street Use Division
 700 Fifth Avenue, Suite 2300
 PO Box 34996
 Seattle, Washington 98124-4996
 (206) 684-3679 | SDOTASC@Seattle.gov

Permit Number
(Official Use)
DATE STAMP HERE

**STREET IMPROVEMENT PERMIT (SIP)
 CONSTRUCTION CONTACT FORM**

OWNER INFORMATION:

BILLING PARTY INFORMATION:

Owner

Address

City, State, Zip Code

Phone

Fax

Email

Contact Name *(individual's name)*

Office Phone Cell Phone

Billing Party

Address

City, State, Zip Code

Phone

Fax

Email

Contact Name *(individual's name)*

Office Phone Cell Phone

GENERAL CONTRACTOR INFORMATION:

General Contractor

Address

City, State, Zip Code

Phone

Fax

Email

Contact Name *(individual's name)*

24 Hour Contact Name

24 Hour Contact Cell Phone Number

Office Phone Cell Phone

General Contractor License Number

City of Seattle Business License Number

OWNER'S SIGNATURE: _____

OWNER'S PRINTED NAME: _____ DATE: _____

BILLING PARTY SIGNATURE: _____

BILLING PARTY PRINTED NAME _____ DATE: _____