

City of Poulsbo

Building Department

(360) 394-9882 Fax: (360) 697-8269



Manufactured Home / Modular Permit Application

PROPERTY INFORMATION

Site Address:

Assessor ID Number:

Lot Size:

Lot Coverage:

Existing Impervious Area:

New Impervious Area:

PROJECT INFORMATION

Description of work:

Estimated Construction Value: \$

STRUCTURE INFORMATION

Make/Model:

Year:

Overall Dimensions:

Existing Meter Size:

New Meter Size:

Number of Bedrooms:

Number of Bathrooms:

Type of Heating: Gas Electric

People Information: Complete as many entries as necessary to indicate all responsible parties: Applicant, Property Owner, contractor, etc. Use additional sheets if needed. *All contractors and sub-contractors must have a valid City of Poulsbo business license.*

Check all that apply Applicant* Property Owner Contractor Other:

Name:

Company:

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Contractor License #:

Poulsbo Business License #:

Check all that apply Applicant* Property Owner Contractor Other:

Name:

Company:

Mailing Address:

City:

State:

Zip Code:

Phone:

Email:

Contractor License #:

Poulsbo Business License #:

Check all that apply Applicant* Property Owner Contractor Other:

Name: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Contractor License #: _____ Poulsbo Business License #: _____

FINANCING INFORMATION required if project valuation exceeds \$5,000, per RCW 19.27.095 (may be deferred until issuance)

Lender administering the construction financing or firm issuing a payment bond (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self-financing, please indicate)

Name: _____ Day Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Owner/Agent Signature: _____

Printed Name: _____ Date: _____

Submittal Requirements

- ___ Completed Manufactured Home / Modular Permit Application
- ___ Two (2) sets of required plans
- ___ Copy of manufactures installation manual
- ___ If on a septic system, complete a Building Site Application through the Kitsap County Health District.

NOTE: All electrical inspections, additions, modifications and burning appliances require a separate permit from Washington State Department of Labor & Industries.