

City of Poulsbo

Building Department

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



Residential Deck Permit Application

Type of Work: New Addition Alteration Other: _____

PROPERTY INFORMATION

Site Address: _____

Assessor ID Number: _____

Existing Impervious Area: _____

New Impervious Area: _____

PROJECT INFORMATION

Description of work: _____

Estimated Construction Value: \$ _____

Total area of deck: Existing New

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 Residential Deck Permit Application
- ___ Two (2) sets of required plans