



## DEPARTMENT OF COMMUNITY DEVELOPMENT

621 Sheridan Street, Port Townsend, WA 98368  
 Tel: 360.379.4450 | Fax: 360.379.4451  
 Web: [www.co.jefferson.wa.us/communitydevelopment](http://www.co.jefferson.wa.us/communitydevelopment)  
 E-mail: [dcd@co.jefferson.wa.us](mailto:dcd@co.jefferson.wa.us)

### PERMIT APPLICATION

**Steps in the Permit Process:**

- Review application checklist to ensure all information is completed prior to submitting application.
- Make sure septic has been applied for and water availability has been proven.
- Make an appointment to meet with the Permit Technician by calling 360-379-4450.
- This is not a standalone application; it must be accompanied by a project specific supplemental application.**
- Fees will be collected at intake. Additional fees may apply after review and payment is required before permit is issued.

<b>For Department Use Only</b>	Building Permit #
Related Application #s:	MLA #

<b>Site Information</b>
<b>Assessor Tax Parcel Number:</b> _____
Site Address and/or Directions to Property: _____
Access (name of street(s)) from which access will be gained: _____
Present use of property: _____
Description of Work (include proposed uses): _____

<b>Wastewater - Sewage Disposal</b>	
This property is served by Port Townsend or Port Ludlow sewer system?	YES _____ NO _____
If not served by sewer identified above, identify type of septic system below:	
Type of Sewage System Serving Property:	
_____ Septic	Septic Permit #: _____
_____ Community Septic	Name of System: _____ Case #: _____
Are other residences connected to the septic system? _____	
Additions or repairs to sewage system: _____	
Is it a complete or partial system installation:	Complete _____ Partial _____
Has a reserve drainfield been designated?	Yes _____ No _____
Date of Last Operations & Maintenance check: _____	<b>Attach last report to application</b>
Describe or attach any drainfield easements, covenants or notices on title, which may impact the property:	

The authorized agent/representative is the primary contact for all project-related questions and correspondence. The County will mail / e-mail requests and information about the application to the authorized agent/representative and will copy (cc) the owner noted below. The authorized agent/representative is responsible for communicating the information to all parties involved with the application. It is the responsibility of the authorized agent/representative and owner to ensure their mailbox accepts County email (i.e., County email is not blocked or sent to "junk mail").

**Applicant/Property Owner Information**

**Property Owner:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 \_\_\_\_\_ Please contact Authorized Agent/Representative with project info. (select only one).  
 Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: For projects with multiple owners, attach a separate sheet with each owner(s) information and signatures.

**Applicant: Authorized Agent/Representative (If other than owner)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Professional: Is this an Authorized Agent/Representative for this project? NO YES**

Engineer \_\_\_\_\_ Architect \_\_\_\_\_ Surveyor \_\_\_\_\_ Contractor \_\_\_\_\_ Consultant \_\_\_\_\_  
 Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Professional: Is this an Authorized Agent/Representative for this project? NO YES**

Engineer \_\_\_\_\_ Architect \_\_\_\_\_ Surveyor \_\_\_\_\_ Contractor \_\_\_\_\_ Consultant \_\_\_\_\_  
 Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Professional: Is this an Authorized Agent/Representative for this project? NO YES**

Engineer \_\_\_\_\_ Architect \_\_\_\_\_ Surveyor \_\_\_\_\_ Contractor \_\_\_\_\_ Consultant \_\_\_\_\_  
 Name: \_\_\_\_\_ License # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

By signing this application form, the owner/agent attests that the information provided herein, and in any attachments, is true and correct to the best of his or her knowledge. Any material falsehood or any omission of a material fact made by the owner/agent with respect to this application packet may result in making any issued permit null and void.

I further agree that all activities I intend to undertake or complete associated with this permit will be performed in compliance with all applicable federal, state and county laws and regulations and I agree to provide access and right of entry to Jefferson County and its employees, representatives or agents for the sole purpose of application review and any required later inspections. Applicant may request notice of the County's intent to enter upon the property for visits related to this application and subsequent permit issuance.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_