



DEPARTMENT OF COMMUNITY DEVELOPMENT

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SUPPLEMENTAL APPLICATION RESIDENTIAL OR COMMERCIAL BLDG PERMIT

For Department Use Only	Receipt #:	Date:
Related Application #s:	Payment #:	

Site Information

Owner Name: _____ Assessor Tax Parcel #: _____

Type of Building

New _____	Replacement _____	Relocated _____
Addition _____	Repair _____	Demolition _____ *
*A separate permit is required		
Select One:		
Single Family Residence _____	Modular _____	Other _____ list

Proposed Building/Project

Number of floors _____	# new bedrooms _____	existing _____	total bed _____
	# new bathrooms _____	existing _____	total bath _____

Heat Source

Select all that apply:

Heat Pump _____ Electric _____ Heating Oil _____ Wood _____ Propane _____

Enter the square footage (sq/ft) that applies in each field:

Structure	Existing Sq/Ft	Proposed Sq/Ft	ICC Valuation (Office Use)
Residential / Commercial Main Floor			
Residential / Commercial Second Floor			
Additional Floors - heated / unheated			
Basement - unfinished			
Basement - finished space or habitable			
Detached Garage - heated / unheated			
Attached Garage - heated / unheated			
Garage 2nd fl - unfinished storage			
Garage 2nd fl - finished space or habitable			
Carport - 2 walls or less			
Deck - uncovered			
Covered porch			
Other (shed, barn, pole bldg, etc.)			
Estimated Cost of Project (Required):	\$		\$

Fair market value of project

List existing buildings on property (i.e. house, garage, accessory dwelling unit, shed, barn, mobile home, other):

All Existing Buildings on Property	Use

Builders Statement		
The signer of this statement certifies that they are the Owners of the parcel referenced herein, that they are not licensed contractors and that they will be assuming the responsibility of the General Contractor for the proposed project.		
Signature: _____	Print Name: _____	Date: _____

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.

Signature: _____ Print Name: _____ Date: _____

For Department Use Only	
Building Permit Fees	
Building Base DCD010	
Plan Check Review DCD019	
Land Use Review DCD018	\$306.00
Septic Review EH038	\$148.00
Potable Water EH160	\$148.00
Scan Fee DCD022	\$25.50
State Fee DCD032	\$6.50
Other Fees	
Shoreline Exemption DCD017	
Zoning _____	
Zoning _____	
Other _____	
New Address DCD012	
Technology Fee – 5% DCD003	
Total Fees	

Receipt # _____ Date: _____ Cash/Check/CC: _____