

Town of Friday Harbor

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

Building Permit Application

Application date	Tax parcel number	Office Use Only			
		BP#	Date Permitted		
Name of legal property owner		Property owner phone number			
Property owner mailing address					
Authorized Agent		Authorized Agent phone number			
Authorized Agent email address					
Authorized Agent address					
Job site address/physical location of property					
Description of work to be performed					
Is the project or site within 200 feet of the body of water?		Yes If yes, must show on plans.	No		
Is project located within the Historic District? (see attached map)		Yes If yes, must submit HPRB Review Application.	No		
Type of permit requested (check the appropriate box)					
<input type="checkbox"/>	New Residence	<input type="checkbox"/>	Residential Addition	<input type="checkbox"/>	Residential Remodel
<input type="checkbox"/>	Accessory Building	<input type="checkbox"/>	Garage (attached)	<input type="checkbox"/>	Garage (not attached)
<input type="checkbox"/>	Carport	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Deck	<input type="checkbox"/>			Other (specify)
Bldg. Dimensions _____ X _____		Main Floor _____ sq. ft.		Second Floor _____ sq. ft.	
Basement _____ sq. ft.		Garage _____ sq. ft.		Other _____ sq. ft.	
Construction Company name					
Contractor name			Phone #		
Contractor's Washington State License #			Expiration date		
Contractor's Town of Friday Harbor Business License #			Expiration date		
Manufactured home company name			Model		
Size _____ X _____		Year Built		Serial #	
Total valuation of work to be performed					
Signature of Owner or Authorized Agent		Date	Building Permit Fee \$	State Code Fee \$ 4.50	Total Fees \$

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LETTER OF AGENT AUTHORIZATION

I, _____
(Legal Property Owner(s))

authorize _____ to act on
(Agent)

my behalf during the processing of:

(Application Type)

(Signature of legal property owner) (Date)

(Signature of legal property owner) (Date)

