



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@portorchardwa.gov

EXTENSION of a TEMPORARY USE PERMIT for a CONSTRUCTION RESIDENCE

<i>For Staff Use Only</i>	File #:	Receipt #:
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Incomplete Application Will Not Be Accepted

1. Project Information.

Tax Parcel #: _____

Site Address: _____

Temporary Use Permit Number: _____

Date Temporary Use Permit was issued: _____

Building Permit Number: _____

Date Building Permit was Issued: _____

Has the exterior of the permanent dwelling been finished?

- No
- Yes

A finished exterior requires approved shear, siding, and roofing inspections.

Date of approved inspections: _____

2. Property Owner Information and Signature.

Owner's Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Owner's Signature Statement:

I am the primary contact for all questions and correspondence related to this application. The Permit Center will email or call me with requests and/or with information about this application. I am responsible for communicating information to all parties involved with the application.

I have provided accurate contact information. I will ensure that my contact information is kept up-to-date and that my email account will accept email from the Permit Center.

I affirm that all answers, statements, and information/documentation submitted with this application are correct to the best of my knowledge.

The electronic signature below is equivalent to a handwritten signature and is binding for all purposes.

Owner's Signature: _____

Date Signed: _____