



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@cityofportorchard.us

WATER and/or SEWER LINE REPAIR / REPLACE PERMIT APPLICATION

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

| | | | |
|---|---|---------|---|
| 1. PROJECT INFORMATION. | | | |
| APPLICATION TYPE: <input type="checkbox"/> WATER LINE ONLY <input type="checkbox"/> SEWER LINE ONLY <input type="checkbox"/> BOTH WATER AND SEWER LINES | | | |
| Site Address: _____ | | | |
| Tax Parcel Number(s): _____ | | | |
| Scope of Work: _____ | | | |
| _____ | | | |
| 2. CONTACT INFORMATION. | | | |
| Applicant (Company and contact name): _____ | | | |
| Relationship to the Property: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized agent | | | |
| Mailing Address (street, city, state, zip): _____ | | | |
| Phone: _____ E-mail: _____ | | | |
| Property Owner (if different than Applicant): _____ | | | |
| Mailing Address (street, city, state, zip): _____ | | | |
| Phone: _____ E-mail: _____ | | | |
| Contractor: _____ Contact Name: _____ | | | |
| Contractor's Mailing Address: _____ | | | |
| Phone: _____ E-mail: _____ | | | |
| Contractor's License/Registration #: _____ Expiration Date: _____ | | | |
| City Business License: <input type="checkbox"/> Yes <input type="checkbox"/> Applied: <u>Apply online at: bls.dor.wa.gov</u> ; Must have CBL prior to working on site. | | | |
| Revenue Tax # (UBI): _____ | | | |
| I certify that the contractor(s) (general or specialty) who will perform any of the services for which this permit is issued, is registered with the State of Washington, Department of Labor & Industries, in compliance with RCW 18.27.020. _____ | | | |
| <i>Applicant initial here</i> | | | |
| 3. SIGNATURE. | | | |
| I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. | | | |
| X _____ | | | DATE: _____ |
| <i>Applicant Signature</i> | | | |
| 4. SUBMITTAL REQUIREMENTS. | | | |
| <input type="checkbox"/> 2 COPIES: Site plan showing property boundaries, location of existing structures, and location of work. | | | |
| STAFF USE ONLY: | | | |
| Building Dept. Approval (sign and date): _____ | | | |
| <input checked="" type="checkbox"/> | Plumbing Permit Fee: | \$23.50 | Contractor Info Verified: <input type="checkbox"/> License <input type="checkbox"/> UBI <input type="checkbox"/> CBL Receipt #: _____ Date Issued: _____ Permit #: _____ |
| <input checked="" type="checkbox"/> | Technology Fee: | \$10.00 | |
| <input type="checkbox"/> | Exterior water line, repair or replace: | \$50.00 | |
| <input type="checkbox"/> | Exterior sewer line, repair or replace: | \$50.00 | |
| TOTAL DUE: | | | |