



**Department of Community Development
Permit Center**

Mailing Address: 216 Prospect Street, Port Orchard, WA 98366
permitcenter@portorchardwa.gov
(360) 874-5533

MASTER PERMIT APPLICATION SUPPLEMENTAL – Additional Contacts

Use this form to provide additional contact information. This could be for the engineer, surveyor, architect, or other licensed professional associated with the permit application(s) submitted with this Master. This form may also be used when Contractor information changes after the Master was submitted.

Use multiple sheets, as needed.

Project:
Project Parcel #(s):
Project Location:
Contact Type:
Company Name:
Contact Name:
Mailing Address:
Email:
Phone:
Contact Type:
Company Name:
Contact Name:
Mailing Address:
Email:
Phone:
Contact Type:
Company Name:
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Contact Type:	
Company Name:	
Contact Name:	
Mailing Address:	
Email:	
Phone:	
Contact Type:	
Company Name:	
Contact Name:	
Mailing Address:	
Email:	
Phone:	
NEW CONTRACTOR OR UPDATED CONTRACTOR INFORMATION.	
Contractor Company Name:	
Contact Name:	
Email:	
Phone:	
Mailing Address:	
Contractor License #:	Expiration Date:
State UBI #: <i>Unified Business Identifier</i>	
Does the Contractor have a City Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No: <i>A City Business License (CBL) is required.</i> Apply online at: https://dor.wa.gov/manage-business/city-license-endorsements	
ACKNOWLEDGEMENT: <i>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 chapter 18.27 RCW (law of 1963) under certificate number.</i> _____	
Authorized Agent Initial Here	
Agent's Signature:	
Printed Name:	