

Application for MANUFACTURED STRUCTURE

BUILDING SERVICES DIVISION

1700 Civic Drive · DuPont, WA 98327
P: (253) 912-5217 · F: (253) 964-1455
www.dupontwa.gov



PERMIT NUMBER: _____

SFR Commercial: Type of Use: _____ Other _____
(i.e. Business, Day Care, Food Service, Government, Retail)

Project Includes: Detached Garage Deck

Project Address:	Parcel Number:
Owner of Building / Tenant:	Phone Number: ()
Address:	

Applicant:	Phone Number: ()
Address:	
Contact Person:	Phone Number: () Email:

Contractor:	Contact Person:
Address:	Phone Number: ()
State Contractor's License:	City Business License:

Value of Work (required): _____

Description of Work (be very specific): _____

Manufactured Structure: Make: _____ Model: _____ Year: _____
Hauler: _____ Installer WAINS No: _____

Square Footage: 1st Floor _____ 2nd Floor _____ Garage _____ Other () _____ Total _____

Number of: Bedrooms _____ Bathrooms _____ Fireplace _____

<u>SCHEDULE OF FEES</u> (OFFICE USE)	
Valuation \$ _____	
Permit Fee (Table 1-A, UBC) \$ _____	
Plan Review Fee (75% of permit fee) \$ _____	
Subtotal \$ _____	
Deposit (if any) \$ _____	
TOTAL \$ _____	

I certify that I am the: Owner Contractor Agent

I hereby certify that I have read and examined this application and state that the above information is correct. I agree to comply with all City Ordinances and State Laws, whether specified herein or not.

***By leaving the contractor information section blank, I hereby certify further that contractors (General or Subcontractors) will not be hired to perform any work in association with this permit.

Signature of Applicant/Authorized Agent Date

PRINTED NAME