

Application for MANUFACTURED STRUCTURE

BUILDING SERVICES DIVISION

1700 Civic Drive · DuPont, WA 98327
P: (253) 912-5216 · F: (253) 964-1455
www.ci.dupont.wa.us



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 _____

| SCHEDULE OF FEES (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