



# GENERAL BUILDING PERMIT APPLICATION

Community Development Department  
 2095 Main Street, PO Box 936 Ferndale WA 98248  
 (360)685-2369 (Building) [Tonisegerman@cityofferndale.org](mailto:Tonisegerman@cityofferndale.org)  
 (360)685-2359 (Planning) [Pattigearhart@cityofferndale.org](mailto:Pattigearhart@cityofferndale.org)  
 Submit your applications here: [www.cityofferndale.org/permits](http://www.cityofferndale.org/permits)

PROJECT LOCATION:	
SITE ADDRESS:	
BUSINESS NAME:	
PARCEL NUMBER:	
LEGAL DESCRIPTION:	
ZONING/LAND USE:	

PROPERTY OWNER:			
Name:		Day Phone:	
Address:			
E-Mail:		Cell Phone:	

APPLICANT: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> TENANT <input type="checkbox"/> OTHER			
Name:		Day Phone:	
Address:			
E-Mail:		Cell Phone:	

DESIGN PROFESSIONAL: <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER			
Name:		Day Phone:	
Address:			
E-Mail:		Cell Phone:	

CONTRACTOR:			
Name:		Day Phone:	
Address:			
E-Mail:		Cell Phone:	
Contractor License No:		Expiration Date:	
Business License No:		Expiration Date:	

### PERSON PERFORMING THE WORK:

I am currently registered and properly licenses as a **CONTRACTOR** or **SPECIALTY CONTRACTOR** as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit; or

I am an **AUTHORIZED AGENT** of the property owner and all work will be done by a properly license contractor or a specialty contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit; or

I am **EXEMPT** from the requirements of the Contractor Registration laws, per RCW 18.27.090, and will abide by all provisions and conditions of the exemptions as stated. I will do all my own work or use all registered and licensed contractors and/or specialty contractors in connection with the work to be performed under the permit applied herein.

For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-800-647-0982 or [www.lni.wa.gov](http://www.lni.wa.gov)

PROJECT INFORMATION:
Detailed Description of work:

PROJECT INFORMATION:			
Existing Use:		Proposed Use:	
Existing Sprinkler/Alarm:		Proposed Sprinkler/Alarm:	
Total Existing Area (sq/ft):		Total New Area (sq/ft):	
Project Valuation (Based on Fair Market Value of Labor and Materials):			\$ _____

**Building Permit Type:**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> MANUFACTURED HM	<input type="checkbox"/> TOWNHOUSE
<input type="checkbox"/> FIRE	<input type="checkbox"/> TANK/DEMOLITION	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> ADU	<input type="checkbox"/> REPEAT PLAN

**Type of Project:**

<input type="checkbox"/> NEW	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ACCESSORY	<input type="checkbox"/> TENANT IMPROVEMENT
<input type="checkbox"/> SHELL	<input type="checkbox"/> RETAINING WALL	<input type="checkbox"/> FIRE/ALARM	<input type="checkbox"/> FIRE/SPRINKLER	<input type="checkbox"/> FIRE/SUPPRESSION
<input type="checkbox"/> FIRE MARSHALL	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> RETAINING WALL	<input type="checkbox"/> OTHER _____

Sewer Connection:			Water Connection:			Heat Source:		
<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> N/A	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> N/A	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> OTHER _____

<b>Number of Stories:</b> _____ <b>Basement:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>Number of Bedrooms/Bathrooms</b> _____/_____ 	<b>Dwelling Units:</b> _____ <b>Building Height:</b> _____ <b>Food Establishment:</b> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Food Service <b>Must fill out and submit F.O.G. Plan Packet:</b> <a href="https://ci-ferndale-wa.smartgovcommunity.com/Public/DocumentsView">https://ci-ferndale-wa.smartgovcommunity.com/Public/DocumentsView</a>
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TANK/DEMOLITION ONLY: Northwest Clean Air Agency Contacted:  YES      Whatcom County Health Department Contacted  YES

**LENDER INFORMATION:** Self-Financed:  YES  NO

If you checked "NO" – Information must be provided for projects valued over \$5000 per RCW 19.27.095

Name of Lender (or) Bonding Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Complete Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**APPLICANT CERTIFICATION:**

\*I certify that I am the **owner** of the property described above (or) **authorized agent** and I have been given express permission by the owner(s) of the property to submit this application (see signed owner consent form) for a permit and I am authorized by the owner(s) of the property to perform the work for which the application is made and I comply with the requirements of the Washington State Contractors Act, per RCW 18.27. I certify that to the best of knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Ferndale, state and federal regulations and laws pertaining to the work authorized by the issuance of a permit. I understand that issuance of this permit does not remove the owner's responsibility for compliance with state and federal laws regulating construction, land use or environmental laws.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (owner (or) Authorized Agent)

**Print Name:** \_\_\_\_\_

**Notice:** An application for a permit for any proposed work shall be deemed to have been abandoned (and expired) **180 days** after the date of filing unless such application has been pursued in good faith or a permit has been issued.