



Public Works Permitting

210 Lottie Street, Bellingham, WA 98225
Phone: (360) 778-8329 - Email: pwpermits@cob.org
Web: www.cob.org/permits

Public Works Permit Application

Project Information

Site Address or Parcel Number: _____

Project Description: _____

(Please attach site plan and other supporting documents as necessary)

Applicant Information

Name: _____

Address: _____

Phone and E-mail: _____

Contractor Information

Same as Applicant

Company Name: _____

Contact Name: _____

Address: _____

Phone and E-mail: _____

State Contractor License: _____

City Business License: _____

Property Owner Information

Same as Applicant

Name: _____

Mailing Address: _____

Phone and Email: _____

I hereby acknowledge that I have read this permit application in its entirety and state the information is correct, and agree to comply with all City ordinances and State laws regulating activities covered by this permit application. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project. I understand that if this form is being submitted electronically then my typed name on the signature line will qualify as my signature for purposes of the above certification.

Signature _____

Date _____

Printed Name _____