

Project Number _____



**City Of Shoreline
Development Services Group
APPLICATION FORM AND AFFIDAVIT**

17544 Midvale Avenue North, Shoreline, Washington 98133-4921 Telephone (206) 546 - 2338 Fax (206) 546- 8761

Project Type: _____

Project Description: _____

Project Cost: _____

Project Address: _____

(Please leave blank if address is not assigned. For multiple addresses,
please list on separate sheet and attach.)

Parcel Number (i.e. Property Tax Account Number) _____

Legal Description: _____

(If more space is needed for description and/or if site includes multiple parcels,
please list each parcel with its legal description on an attached sheet.)

Property Owner: _____

Address: _____ City _____ State _____ Zip _____

Phone: Day (____) -- ____ -- ____ Evening (____) -- ____ -- ____

Owner's Authorized Agent: _____

Address: _____ City _____ State _____ Zip _____

Phone: Day (____) -- ____ -- ____ Evening (____) -- ____ -- ____

Name of Contractor: _____

Contact Person: _____ Phone: (____) -- ____ -- ____

Address: _____ City _____ State _____ Zip _____

Contractor's Registration # _____ Expires ____ / ____ 19 ____

Or, if the property owner is the builder, the owner agrees to comply with Washington State laws regarding contractor's registration.

Property Owner's Signature _____

I certify under the laws of the State of Washington under penalty of perjury that the information furnished by the owner or owner's agent in support of this permit application is true and correct. I certify that all applicable City of Shoreline codes and requirements for the work authorized by this permit, if issued, will be met.

Property Owner's Signature _____ Date _____ 19 ____

or

Authorized Agent's Signature _____ Date _____ 19 ____