



Application for Permit/Contact Transfer

*This is an **application only**, change does not become effective until approved by Building Official.*

Permit Number: _____

Original Application Date: _____

Date of Transfer: _____

PLEASE RETURN TO: Community Development 1309 Myrtle Ave. Enumclaw, WA 98022 Phone: (360) 825-3593 Fax: (360) 825-7232 Email: permits@ci.enumclaw.wa.us	Date Received
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This application is changing the following contact information: *(check the box)*

Applicant
 Contractor
 Engineer
 Architect

SITE ADDRESS:	PARCEL #
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CONTACT INFORMATION TO BE CHANGED FROM:
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Name of Business or Individual:				
Name of Proprietor, Manager, or Agent:				
Street Address:			Contractors Registration #:	
City:	State:	Zip:	UBI #:	Business License #:
Phone:			Email:	

CONTACT INFORMATION TO BE CHANGED TO:
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Name of Business or Individual:				
Name of Proprietor, Manager, or Agent:				
Street Address:			Contractors Registration #:	
City:	State:	Zip:	UBI #:	Business License #:
Phone:			Email:	

COMMENTS REGARDING THIS CHANGE:
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ORIGINAL APPLICANT'S SIGNATURE:
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I hereby transfer the installation rights in the application/permit identified above to the new contact and release all funds associated with this permit to the Building Division.

Original Contact Signature	Title	Date
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New Contact Signature	Title	Date
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*****BUILDING DIVISION USE ONLY*****

Approved as Requested
 Approved with changes
 Denied: *reason* _____

Signature	Title	Date
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