

REQUEST FOR RE-ISSUANCE OF EXPIRED PERMIT



3609 Market Place W, Suite 200
University Place, WA 98466-4488
PH: 253.566.5656

ORIGINAL PERMIT #:	NEW PERMIT #:	
PROJECT ADDRESS (Street, City, State, Zip):	Parcel #:	
Project Name:	PROJECT VALUATION: \$	
APPLICANT:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
PROPERTY OWNER:	Phone:	Fax:
Address (Street, City, State, Zip):	E-Mail Address:	
CONTRACTOR*:	Phone:	Fax:
Address (Street, City, State, Zip):	License #/Exp Date:	

**Contractor must have a valid City of University Place business license prior to doing work in the City. Contact the Business Licensing Office @ 253.566.5656.*

IS YOUR ORIGINAL PROJECT DESCRIPTION STILL ACCURATE? IF NO, PLEASE DESCRIBE CHANGES:

I hereby certify that the information provided is correct and that the construction on the above-described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the University Place Municipal Code.

Print Name: _____ Owner Agent/Other (specify): _____

Signature: _____ Date: _____

OFFICE USE ONLY

Last Approved Inspection:	% Complete:	% Due for Renewal:
	CURRENT FEE	TOTAL
Building Permit Fee	X _____ %	
DSS Fee	X _____ %	
SSBC Fee	\$6.50	Static
Inspection Fee	\$100.00	X _____ Hours
Plan Review Fee (if applicable)		X _____ Hours
Miscellaneous (if applicable)		
TOTAL FEES DUE:		