



#B115
INFORMATION RECEIVED FOR
PERMIT UNDER REVIEW

If the permit has been issued, please use form #B107-Revise Approved Set of Plans.

Section 1 –Contact Information

Applicant Name: _____

Permit Number: _____ Assessor Tax Parcel #: _____

Contact Name: _____ Phone Number: _____

Section 2 – General Information

Please provide a complete, detailed description of the submitted information:

Are electronic sets of the revised plans or addendum indicating the changes included? Are the revisions clearly and accurately identified on the plans or addendum? Does the plan contain an engineer’s or architect’s lateral or vertical analysis Yes: No:
Yes: No:
Yes: No:

- ✓ If yes, provide plans and calculations approved by the architect and/or engineer. Please provide electronically with an original wet stamp and signature of the architect, engineer, or both.

Does the proposed revision modify the footprint or location of the structure? Yes: No:

- ✓ If yes, a revised site plan, drawn to scale, must be included with this request which has been approved by the Health District.

Does the proposed revision change the total number of bedrooms? Yes: No:

- ✓ If yes, provide Kitsap Public Health approval for increased bedroom load on septic system.

Applicant’s Signature: _____ Date: _____

Section 3 – Department Use Only

Approvals	Initials	Date
Building		
Planning		
Fire		
Drainage		
Other:		
Additional Conditions/Comments:		
Original Valuation:	\$	
Additional Valuation:	\$	
Sq. Ft. _____ x _____	\$	
Sq. Ft. _____ x _____	\$	
Total New Valuation:	\$	
Additional Fees:		
Revision Fee	\$	
Additional Building Permit Fee	\$	
Additional Plumbing Fee	\$	
Additional Mechanical Fee	\$	
Other: _____	\$	
Total Amount Due:	\$	