



ELECTRICAL PERMIT APPLICATION

PERMIT NUMBER _____ - _____ - _____

SITE ADDRESS:			SUITE/UNIT/SPACE #	
PROJECT VALUATION \$	ASSESSOR'S TAX/PARCEL # _____ - _____			CURRENT/PROPOSED USE
PROJECT NAME <i>(Tenant or Homeowner Last Name)</i>				
PROJECT DESCRIPTION <i>Detailed description of work to be included on this permit only</i>				
PROPERTY OWNER				
NAME			PRIMARY PHONE () -	
MAILING ADDRESS			E-MAIL	
CITY	STATE	ZIP	FAX () -	
ELECTRICAL CONTRACTOR				
NAME			PRIMARY PHONE () -	
MAILING ADDRESS			E-MAIL	
CITY	STATE	ZIP	FAX () -	
WA STATE CONTRACTOR'S LICENSE #			EXPIRATION DATE / /	FEDERAL WAY BUSINESS LICENSE #
APPLICANT				
NAME			PRIMARY PHONE () -	
MAILING ADDRESS			E-MAIL	
CITY	STATE	ZIP	FAX () -	
PROJECT CONTACT				
NAME			PRIMARY PHONE () -	

I certify under penalty of perjury that I am the property owner or authorized agent of the property owner. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Federal Way regulations pertaining to the work authorized by the issuance of a permit. I understand that the issuance of this permit does not remove the owner's responsibility for compliance with local, state, or federal laws regulating construction or environmental laws.

I further agree to hold harmless the City of Federal Way as to any claim (including costs, expenses, and attorneys' fees incurred in the investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the city, but only where such claim arises out of the reliance of the city, including its officers and employees, upon the accuracy of the information supplied to the city as a part of this application.

SIGNATURE: _____ **DATE** _____

PRINT NAME: _____

PERMIT CENTER ✦ 33325 8th Avenue South ✦ Federal Way, WA 98003-6325
253-835-2607 ✦ FAX 253-835-2609 ✦ permitcenter@cityoffederalway.com