



## Public Works Division MASTER APPLICATION

### City of Black Diamond

24301 Roberts Drive / PO Box 599  
Black Diamond, WA 98010

Parcel # (s)	Permit #
Legal Description:	Project Valuation \$
Address of proposed work:	Address not assigned yet <input type="checkbox"/>
Related permits or Pre-Ap #:	

Contractor's License #:	Expiration Date:
<b>OR</b>	
Owner Affidavit In lieu of Contractor Registration: <i>required for a property owner doing all the work under this permit themselves. This form is required by permit issuance.</i>	
<b>AND</b>	
City Business License #:	

### Descriptive summary of proposed work

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**Flip Over**

Architect/Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

I hereby certify under the penalty of perjury of the laws of the State of Washington, that I have read and examined this application and know that the information contained herein is true and correct. I will comply with all provisions of law and ordinances governing this type of construction work, whether specified herein or not. I understand that granting a permit does not authorize me in any way to violate or cancel any of the provisions of Federal, State or local law regulating the construction or performance of construction sought under this permit.

\_\_\_\_\_  
Signature of Owner/Contractor/Agent                      Date

\_\_\_\_\_  
Printed Name of Owner/Contractor/Agent                      Date

\_\_\_\_\_  
Contact Person    Phone

**NOTICE TO APPLICANT**

1. ELECTRICAL PERMITS ARE OBTAINED FROM THE DEPARTMENT OF **LABOR AND INDUSTRIES (425) 990-1400.**
2. IT IS THE APPLICANT'S RESPONSIBILITY TO CALL FOR INSPECTIONS.
3. ISSUANCE OF PERMITS DO NOT AUTHORIZE ANY WORK IN A PUBLIC RIGHT-OF-WAY OR ON UTILITY EASEMENTS.