



# City of Seattle

## Department of Construction and Inspections

Applicant Services Center  
700 Fifth Avenue, Suite 2000  
P. O. Box 34019  
Seattle, WA 98124-4019  
(206) 684-8850

[www.seattle.gov/sdci](http://www.seattle.gov/sdci)

### EARTHQUAKE DAMAGE REPAIR PERMIT APPLICATION

(See Seattle DCI Tip #316 for qualified projects)

#### THIS SECTION TO BE FILLED IN BY BUILDING OFFICIAL

Property Address: \_\_\_\_\_  
Project Description: \_\_\_\_\_

Building ID # \_\_\_\_\_ GIS Map # \_\_\_\_\_ Zoning: \_\_\_\_\_  
Permit P/U  Mail  ECA/ESA  ECA Category # \_\_\_\_\_ Shoreline  Historical  Greenbelt

1 set Location Plan  Yes  No  
3 sets Plot Plan  Yes  No  
2 sets Elevation Plan  Yes  No

SDCI Value: \_\_\_\_\_ Alterations: \$ \_\_\_\_\_  
Addition: \$ \_\_\_\_\_

PERMIT COST \_\_\_\_\_  
Construction \$ \_\_\_\_\_  
Demolition \$ \_\_\_\_\_  
Mechanical \$ \_\_\_\_\_  
Investigation \$ \_\_\_\_\_  
Land Use \$ \_\_\_\_\_  
Bldg Surcharge \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Permit Specialist (initials) \_\_\_\_\_ Date: \_\_\_\_\_  
Address Established (initials and okay) \_\_\_\_\_  
Establish Address Form Completed on \_\_\_\_\_ (date)

Routing:  OIN  OA  OP  OZ  Z  OO  SI  SH  A  OIS

#### THIS SECTION TO BE FILLED IN BY APPLICANT

Legal Description (if legal is too long, attach it to this from):  
\_\_\_\_\_  
\_\_\_\_\_

Owner/Lessee \_\_\_\_\_ Assessor's Parcel Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Relocation Exempt:  Owner Occupied  No Residential Tenant Displacement

#### I UNDERSTAND THAT THIS IS A REQUEST AND DOES NOT CONSTITUTE A PERMIT

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's Name (PLEASE PRINT) \_\_\_\_\_  
Relationship to Project (CHECK ONE)  
 Owner  Lessee  Licensed Architect  Licensed Engineer  Owner's Agent  Contractor

**Agent Statement:** I certify that I am authorized by the owner/lessee to act as agent on their behalf for the purpose of obtaining this permit.

Agent's Signature: \_\_\_\_\_

If a contractor will do the work, please bring the contractor's original license or a notarized copy of it with you at time of application or send a notarized copy with this application if submitted by mail.

Contractor's Name: \_\_\_\_\_ License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_