

Town of Friday Harbor

PO Box 219 / Friday Harbor / WA / 98250

(360) 378-2810 / fax (360) 378-5339 / www.fridayharbor.org

DEMOLITION PERMIT APPLICATION

		Permit Number – Office Use Only
Today's Date:	Demolition Date:	Job Site Tax Parcel number:
Legal Property Owner name:		Owner Telephone number:
Legal Property Owner address:		
Job Site address:		
Demolition Contractor name:	Contractor's Washington State License number	
Contractor address:		
Contractor's Telephone numbers	Office	Job Site
Description of work to be performed:		
Total valuation of work to be performed:		

Signature of Owner/Agent: _____ Date: _____

Approved by: _____ Date: _____

Gary Hanson, Building Inspector

Departmental comments/conditions: _____

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UTILITY CHECKLIST

Legal Owner: _____

Job Address: _____

Tax Parcel Number of Job Address: _____

The following utility companies shall be contacted prior to a Permit being issued by the Town of Friday Harbor. It is further understood that said utility companies will sign off on behalf of their company and indicate in the remarks section any problems, if any, and if utility costs have been paid.

Orcas Power & Light Company: _____
376-3550 Signature of Authorized Representative
1034 Guard Street
Remarks: _____

Century Tel: _____
378-1531 Signature of Authorized Representative
50 Second Street So.
Remarks: _____

Windjammer Cable (Cable Service): _____
378-4661 Signature of Authorized Representative
570 Guard Street
Remarks: _____

Town of Friday Harbor: _____
378-2154 (Water & Sewer) Signature of Authorized Representative
501 Marguerite Place
Remarks: _____

I certify I have contacted the above utility companies and have paid the appropriate fees if necessary. _____
Signature of Applicant

Town of Friday Harbor Street Improvements:
I certify in accordance with current Town Ordinances if a condition of a Building Permit calls for street, and/or curb, gutter and sidewalk improvements are called for that said land improvements will be accomplished prior to the issuance of a Building Permit

Signature of Applicant Date