



CITY OF REDMOND
Development Services Center
 15670 NE 85th Street, 2SPL
 Redmond, WA 98052
 (425) 556-2473
 www.redmond.gov

| FOR STAFF USE ONLY | |
|--------------------|-----------------------|
| DEV: _____ | Date: _____ |
| PRJ: _____ | App Expires: _____ |
| Permit #: _____ | Accepted by: _____ |
| Type: _____ | Payment method: _____ |

Transferring Permit Form

New Owner
 New Contractor
 Other

SITE LOCATION

Permit Number: _____ Date: _____
 Project Name: _____
 Project Address: _____

ORIGINAL OWNER INFORMATION

Owner Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 E-Mail Address: _____ Phone: (____) _____ - _____

ORIGINAL CONTRACTOR INFORMATION

Company Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 E-Mail Address: _____ Phone: (____) _____ - _____
 Fax: (____) _____ - _____ Redmond Business License #: RED _____
 State Contractor's License #: _____ Expiration Date: ____/____/____

NEW OWNER INFORMATION

Owner Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 E-Mail Address: _____ Phone: (____) _____ - _____

NEW CONTRACTOR INFORMATION

Company Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 E-Mail Address: _____ Phone: (____) _____ - _____
 Fax: (____) _____ - _____ Redmond Business License #: RED _____
 State Contractor's License #: _____ Expiration Date: ____/____/____

BUILDING OWNER or AUTHORIZED AGENT

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this change to the original permit. With my signature I take full responsibility for all work that has been performed or is yet to be performed under this permit.

Print Name: _____ **Signature:** _____

NEW CONTRACTOR

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this change to the original permit. With my signature I take full responsibility for all work yet to be performed under this permit as of the date on this transfer form.

Print Name: _____ **Signature:** _____