



Building Department
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Change of Information

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

PLEASE NOTE: CHANGES IN OWNERSHIP ARE NOT ACCEPTED ON THIS FORM

Former:

Contractor Architect/Designer Engineer Project Contact

Company Name: _____ **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____
WA Contractor License #: _____ **Des Moines Business License #:** _____

New:

Contractor Architect/Designer Engineer Project Contact

Company Name: _____ **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____
WA Contractor License #: _____ **Des Moines Business License #:** _____

Scope of Change:

Please note: Changes in personnel, project contacts, or addresses listed on original application or original documents for an active project will not be accepted unless noted on this completed and signed Change of Information form. Detailed information regarding such will be required each time a change occurs. Incomplete forms may not be accepted.

Print name of Owner of Record

Owner of Record signature

Date: _____

Office use only:

Received By: _____ Date: _____

Change approved by: _____ Change denied by: _____

Reason (if any) for denial: _____

Date entered into system: _____ Person inputting new data: _____