



# Community Development Department

135 E Johnson Ave.  
P.O. Box 1669  
Chelan, Washington 98816

(509)682-8017  
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## Permit Change Request

PERMIT NO: \_\_\_\_\_

\$25 Permit Change Fee

DATE REQUEST FOR CHANGE RECEIVED: \_\_\_\_\_

### OWNER

Original Property Owner(s) Name: \_\_\_\_\_

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

Property Parcel No.: \_\_\_\_\_

Current Applicant's Name on Permit: \_\_\_\_\_

New Property Owner(s) Name: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

### Additional Forms needed:

☐ Ownership Form ☐ Copy of Deed

### CONTRACTOR CHANGE:

Check appropriate boxes and fill in the information requested:

☐ Individual ☐ Corporation ☐ LLC / Partnership

New Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone No. : \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contractor License #: \_\_\_\_\_ City Business License #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

OTHER CHANGES: \_\_\_\_\_

Reason for change: \_\_\_\_\_

I hereby certify that I will pay all fees as required by law. I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

\_\_\_\_\_  
Applicant Signature

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Authorized Agent Signature

Date Submitted: \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Place Where Signed: \_\_\_\_\_, WA

Place Where Signed: \_\_\_\_\_, WA