

PERMIT TRANSFER FORM

The purpose of this form is to document the transfer of a permit between property owners and/or between contractors.

Select all that apply: New Owner New Contractor

PROJECT INFORMATION

Permit No.: _____ Date Issued: _____

Address/Parcel No(s): _____

NEW OWNER INFORMATION

Name: _____ Phone No.: _____

Email: _____

Mailing Address: _____

NEW CONTRACTOR INFORMATION

Company Name: _____ Phone No.: _____

Email: _____

Mailing Address: _____

WA Contractor License No.: _____

Exp. Date: _____

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.

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.

Name: _____ Signature: _____

Submittal Instructions

Complete & save this form before emailing to PermitTech@sammamish.us.

Code Reference

Responsibility of the Permit Center to maintain official records. SMC 16.20.155

Resources

[King County iMap](#)
[Sammamish Property Tool](#)

Questions?

[Submit Project Guidance](#)
[Visit the Permit Center](#)

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