

Permit #:

Change of Applicant

Is the New Applicant the

Project:			Contractor?			
Site Addr	ess:		Yes	No		
	EXISTING AP	PLICANT				
	Name					
	Company					
	Address					
	Phone:					
	Email:					
	NEW APPLICANT					
	Name					
	Company					
	Address					
	Phone:					
	Email**:					
		nsed for ProjectDox and the Existing Applicant assume all	-	nip of the permit		
Existing Applicant:		(SIGNATURE REQUIRED)			Date:	
Printed Nar	me:					
New Applicant:		(SIGNATURE REQUIRED)			Date:	
Printed Nar	ne _	(SIGNATURE REQUIRED)				
Note: The		rocessing fee to make th				
change.	Departm	ent of Land Use & Transportation	on Planning and Develo	pment Services Bu	ilding Services	

phone: 503-846-3470 (Building)
lutbldg@washingtoncountyor.gov

155 N First Avenue, Suite 350, MS 12, Hillsboro, OR 97124-3072