



Building Division

City of Snoqualmie
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REVISION TO PERMIT APPLICATION

Internal Use Only

Date Received: _____

Revision Approved By: _____ Date: _____

Comments/Conditions: _____

Revision Information

Permit Number: _____

Project Address: _____

Scope of Changes to Original Permit Application: _____

Applicant Information

☐ Owner ☐ Other

Name: _____

Phone #: (_____) _____

Email: _____

Designer Information

☐ SEE ORIGINAL PERMIT APPLICATION

☐ Architect ☐ Designer ☐ Engineer

Name: _____

Phone #: (_____) _____

Email: _____

Project Contact Person

☐ SEE ORIGINAL PERMIT APPLICATION

Name: _____

Phone #: (_____) _____ Email: _____

Address: _____

City/State/Zip: _____