

ISLAND COUNTY PLANNING & COMMUNITY DEVELOPMENT
BUILDING DIVISION
P.O. BOX 5000, COUPEVILLE, WA 98239
679-7339 OR 321-5111 EXT. 339

STATEMENT OF CONTRACTOR VERIFICATION

PARCEL #: _____

TYPE OF CONSTRUCTION: _____

I, _____, building permit applicant, insist that the project referenced above will not require the use of a registered general contractor. I acknowledge receipt of the State of Washington's Department of Labor and Industries publication entitled "Before Hiring a Contractor..."

If after issuance of this permit, I decide to employ members of more than one trade for this project, I recognize that Washington State Law requires that all contractors be registered. I understand that there are risks and liabilities involved when using an unregistered contractor.

(Signature)

(Printed name)

(Date)