



DIVISION OF  
PLAN REVIEW & PERMITTING

**Accela Citizen Access Authorization Request Form**

**Contractor's Name:** \_\_\_\_\_  
Contractor's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone No: \_\_\_\_\_ (Cell/Home)  
E-Mail Address: \_\_\_\_\_  
Fax No: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Company Address \_\_\_\_\_  
\_\_\_\_\_

License Number & Type: (You must use your Washington Co. license number if applicable)

\_\_\_\_\_ Electrical / Plumbing / Mechanical (circle one)  
\_\_\_\_\_ Electrical / Plumbing / Mechanical (circle one)  
\_\_\_\_\_ Electrical / Plumbing / Mechanical (circle one)

**Name of Authorized Representatives:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the above referenced licensed contractor, am requesting to process permits on-line through Accela Citizen Access and will follow all procedures as instructed.

\_\_\_\_\_  
Licensed Contractor's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

*This request form has been reviewed and approved by* \_\_\_\_\_  
on \_\_\_\_\_.