



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 _____.