



# MULTIFAMILY CONSTRUCTION BUILDING PERMIT APPLICATION

## SITE AND PROJECT DATA

Check which is applicable: \_\_\_\_\_ New Construction \_\_\_\_\_ Addition

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valuation of Proposed Project: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ No. of Bldgs. on site: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Property size: \_\_\_\_\_

Plat/Development: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Flood Plain: \_\_\_\_\_ Yes \_\_\_\_\_ No

Sewage disposal: (check one)  Septic  Sewer Sewer Contractor License # \_\_\_\_\_

Water purveyor: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax number: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor License # \_\_\_\_\_ UBI #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**BUILDING DATA**

Total Number of:

Stories: \_\_\_\_\_ Building Height: \_\_\_\_\_ Occupancy Type: \_\_\_\_\_ Use: \_\_\_\_\_

Existing Structures Floor Area (for additions, tenant improvements and change of occupant) sq. footage:

1<sup>st</sup> floor: \_\_\_\_\_ 2<sup>nd</sup> floor: \_\_\_\_\_ 3<sup>rd</sup> floor: \_\_\_\_\_ Basement: \_\_\_\_\_  
Porch: \_\_\_\_\_ Deck: \_\_\_\_\_ Garage: \_\_\_\_\_ Carport: \_\_\_\_\_

Proposed Floor Area (sq. footage):

1<sup>st</sup> floor: \_\_\_\_\_ 2<sup>nd</sup> floor: \_\_\_\_\_ 3<sup>rd</sup> floor: \_\_\_\_\_ Basement: \_\_\_\_\_  
Porch: \_\_\_\_\_ Deck: \_\_\_\_\_ Garage: \_\_\_\_\_ Carport: \_\_\_\_\_

Pole Barn: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Number of Studio Units: \_\_\_\_\_ Number of 1 Bedroom Units: \_\_\_\_\_

Number of 2 Bedroom Units: \_\_\_\_\_ Number of 3 Bedroom Units: \_\_\_\_\_

Mechanical Information:

Scope of Work: \_\_\_\_\_

Plumbing Information:

Scope of work: \_\_\_\_\_

Medical Gas: Yes or No Valuation of Medical Gas: \_\_\_\_\_

Lender/Issuer of Payment Bond: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Any changes will be reported to the jurisdiction in which the permit is valid immediately.

By leaving the contractor information section blank, I hereby certify further that contractors (general or subcontractors) will not be hired to perform any work in association with this permit. I also certify that if I do choose to hire a contractor (general or subcontractor) I will only hire those contractors that are licensed by the State of Washington.

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(check one)  Owner  Agent  Contractor