



EXISTING RESIDENTIAL BUILDING PERMIT APPLICATION

PROJECT ADDRESS: _____ PARCEL NUMBER: _____ SUBDIVISION NAME: _____ LOT# _____	FOR STAFF USE ONLY Permit Number: _____ Application Date: _____
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CONTACT INFORMATION

PRIMARY CONTACT PERSON <input type="checkbox"/> Applicant Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____	PROPERTY OWNER <input type="checkbox"/> Applicant Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____
CONTRACTOR <input type="checkbox"/> Applicant Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____ State Contractor's License #: _____ UBI #: _____	ENGINEER <input type="checkbox"/> Applicant Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____
Lender/Bond Issuer: _____ Address: _____ Phone: _____	ARCHITECT <input type="checkbox"/> Applicant Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail: _____

BUILDING INFORMATION

PROJECT DESCRIPTION: _____ _____ _____	VALUATION: \$ _____
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Dwelling sq. ft.		No. of bedrooms	
Garage sq. ft.		No. of bathrooms	
Decks sq. ft.		<input type="checkbox"/> Well <input type="checkbox"/> Water District:	Zoning
Covered porch sq. ft.		<input type="checkbox"/> Septic <input type="checkbox"/> Sewer District:	Building height
Covered patio sq. ft.			

WORK CLASSIFICATION: (Check all that apply.)

- Repair Alteration LVL1 Alteration LVL2 Alteration LVL3 Change of Occupancy Addition
 Historic Building Relocated Building

TYPE OF WORK: (Check all that apply.)

- General Construction Interior Remodel Kitchen Remodel Tenant Improvement Structural Repair
 Mechanical Plumbing Electrical Demolition Other: _____

DESIGN APPROACH: (Check all that apply.)

- IEBC 301.1 Prescriptive Method IEBC 301.2 Work Area Method (IEBC Performance Method—not adopted)

Work Area Square Footage _____ Work area exceeds 50% of floor area: Yes No

ALTERATION, RENOVATION, REPAIRS, OR ADDITION:

Assessed Value: _____ Project cost In excess of 50% of Market Value: Yes No

Total Floor Area: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

Mechanical Units	No.	Fee,	Total
Gas piping system, 1-5 outlets		\$10	
- Additional outlets, each		\$6	
Furnace		\$23	
Furnace, over 100,000 BTU		\$27	
Dryer (gas)		\$15	
Range hood		\$15	
Range (gas)		\$15	
Water heater (gas)		\$15	
Wood stove/insert		\$15	
Fireplace		\$15	
Fireplace logs (gas)		\$15	
Heat pump		\$15	
Gas radiant heater		\$23	
Ventilation fan/duct		\$12	
Appliance vent		\$12	
Misc. appliance		\$15	
Other: _____			
Issuance fee		\$51	
SUBTOTAL OF MECHANICAL FEES			

Plumbing Units	No.	Fee,	Total
Bathtub		\$12	
Bath/shower combination		\$12	
Clothes washer		\$12	
Dishwasher		\$12	
Hose bib		\$12	
Kitchen sink		\$12	
Laundry tub/tray		\$12	
Lavatory (bathroom sink)		\$12	
Shower		\$12	
Toilet/water closet		\$12	
SUBTOTAL FIXTURES/TRAPS			
Repair/alter drain waste/vent		\$12	
Water heater/vent (electric)		\$12	
Gas piping system (1-5 outlets)		\$10	
- Additional outlets, each		\$6	
Other: _____			
Issuance fee		\$39	
SUBTOTAL OF PLUMBING FEES			

I **acknowledge** that an application for a permit for any proposed work that has not resulted in the issuance of a permit within 180 days of the date of filing shall be deemed to have been abandoned.

I **certify** that as a contractor I am currently registered and properly licensed as defined in RCW 18.27, or as a property owner, I am exempt from the requirements of the contractor registration and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit.

I **certify** that I have read and examined this application and know the same to be true and correct, and that if any of the information provided is incorrect, the permit or approval may be revoked.

Applicant's Signature

Date