

Community Development

Permit Number: _____

Job Site Address: _____

OWNER/OCCUPANT				
Name (or Name of Business)				
Mailing Address				
City Zip		Telephone #		
CONTRACTOR				
Name				
Mailing Address				
City Zip		Telephone #		
State License No.	Expiration Date	City License #		
ARCHITECT / ENGINEER				
Name				
Mailing Address				
City Zip		Telephone #		
TYPE OF PERMIT				
Building:	New	Remodel	Addition	Repair
	Roofing	Mechanical	Plumbing	
Nature of Work to be Done (Note: Environmental Checklist may be Required)				
_____ _____ _____ _____				

NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION/WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK HAS BEGUN. 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 COMPLETED

WHETHER SPECIFIED OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTIONS OR THE

PERFORMANCE OR CONSTRUCTION.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE

APPLICANT: Complete below if applicable to work being performed			
PLUMBING PERMIT # _____			
NO.	TYPE OF FIXTURE OR ITEM	\$	FEE

	WATER CLOSET (TOILET)	15.00	
	BATHTUB	15.00	
	LAVATORY (WASH BASIN)	15.00	
	SHOWER	15.00	
	KITCHEN SINK & DISPOSAL	15.00	
	DISHWASHER	15.00	
	LAUNDRY TRAY	15.00	
	CLOTHES WASHER	15.00	
	WATER HEATER	15.00	
	URINAL	15.00	
	DRINKING FOUNTAIN	15.00	
	FLOOR - SINK OR DRAIN	15.00	
	SLOP SINK	15.00	
	LAWN SPRINKLER SYSTEM	15.00	
	WATER PIPING & TREATING EQUIP.	15.00	
	WASTE INTERCEPTOR	15.00	
	VACUUM BREAKERS (1-3)	15.00	
	(OVER 5)	3.00 ^{EA}	
	BACKFLOW PREVENTOR (1-3)	15.00	
	(OVER 3)	3.00 ^{EA}	
	COMMERCIAL PLUMBING FEES		
	PROCESSING FEE		30.00
	TOTAL FEES DUE		

MECHANICAL PERMIT # _____			
NO.	TYPE OF FIXTURE OR ITEM	\$	FEE

	AIR COND. UNITS	20.00	
	BOILERS - HYDRONIC SYSTEM.	25.00	
	CIRCULATING PUMP / SPA	15.00	
	FORCED AIR SYSTEMS - 150,000	30.00	
	UNIT HEATERS (BASEBOARD)	20.00 ^{EA}	
	Replace / Remove		
	VENTILATION FAN	10.00	
	Replace / Remove		
	RANGE HOOD	10.00	
	Replace / Remove		
	WOODSTOVE/INSERT FIREPLACE	20.00	
	GAS PIPING (min 4)	20.00	
	\$5.00 EA		
	WHOLE HOUSE FAN 10,000 CPM	15.00	
	COMMERCIAL MECHANICAL FEE		
	PROCESSING FEE		30.00
	TOTAL FEES DUE		

BUILDING INSPECTION RECORD REPORT

CALL: 425-672-2250 FOR INSPECTIONS REGARDING THIS PERMIT

CITY APPROVED PLANS AND THESE REPORTS SHALL BE ON SITE AT ALL TIMES

FEE SCHEDULE

	Finished Area	BUILDING	VALUATION		PERMIT FEE
Building Dept. Appr.	Unfinished Area	PLUMBING PERMIT #			
Public Works Approval	No. of Stories	MECHANICAL PERMIT#			
		ROOF PERMIT #			
Fire Dept. Appr.	Garage Area				ST. CODE FEE
Planning Dept. Appr.	Fire Sprinklers Required		PLAN CHECK DEP.	PLAN CHECK FEE	PLAN CK BAL
			RECEIPT #		
					ST CLNG DEP.
APPLICATION TAKEN BY:	ISSUED BY:	DATE:	RECEIPT #	TOTAL AMOUNT DUE	

INSPECTION SCHEDULE

TYPE OF INSPECTION	DATE	INSPECTORS INITIALS
1. Foundation/Footings		
2. Footing/Downspout Drains		
3. Sub Floor Framing		
4. Shear Wall Nailing		
5. Mechanical Rough In		
6. Plumbing Rough In		
7. Framing		
8. Fire Sprinklers		

TYPE OF INSPECTION	DATE	INSPECTORS INITIALS
9. Insulation		
10. Sheetrock		
11. FINAL MECHANICAL		
12. FINAL PLUMBING		
13. FINAL FIRE DEPART.		
14. FINAL PUBLIC WORKS		
15. FINAL BUILDING		
16. ELECTRICAL FINAL & PERMIT NUMBER		