



PERMIT APPLICATION

PERMIT CENTER + 33325 8th Avenue South + Federal Way, WA 98003-6325
 253-835-2607 + FAX 253-835-2609 + permitcenter@cityoffederalway.com

PERMIT NUMBER _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

TARGET DATE _____

SITE ADDRESS			SUITE/UNIT #		
PROJECT VALUATION \$	ZONING	ASSESSOR'S TAX/PARCEL # _____ - _____ - _____			
TYPE OF PERMIT	<input type="checkbox"/> BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ENGINEERING <input type="checkbox"/> FIRE PREVENTION				
NAME OF PROJECT					
PROJECT DESCRIPTION <i>Detailed description of work to be included on this permit only</i>					
PROPERTY OWNER	NAME			PRIMARY PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP		
CONTRACTOR	NAME			PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP	FAX	
	WA STATE CONTRACTOR'S LICENSE #		EXPIRATION DATE / /	UBI #	
APPLICANT	NAME			PRIMARY PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP	FAX	
PROJECT CONTACT <i>(The individual to receive and respond to all correspondence concerning this application)</i>	NAME			PRIMARY PHONE	
	MAILING ADDRESS			E-MAIL	
	CITY	STATE	ZIP	FAX	
PROJECT FINANCING <i>When value is \$5,000 or more (RCW 19.27.095)</i>	NAME			<input type="checkbox"/> OWNER-FINANCED	
	MAILING ADDRESS, CITY, STATE, ZIP			PHONE	

I certify under penalty of perjury that I am the property owner or authorized agent of the property owner. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Federal Way regulations pertaining to the work authorized by the issuance of a permit. I understand that the issuance of this permit does not remove the owner's responsibility for compliance with local, state, or federal laws regulating construction or environmental laws.

I further agree to hold harmless the City of Federal Way as to any claim (including costs, expenses, and attorneys' fees incurred in the investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the city, but only where such claim arises out of the reliance of the city, including its officers and employees, upon the accuracy of the information supplied to the city as a part of this application.

SIGNATURE: _____ DATE _____

PRINT NAME: _____

MECHANICAL PERMIT	VALUE OF MECHANICAL WORK \$ _____																				
<i>Indicate how many of each type of fixture to be installed or relocated as part of this project. Do not include existing fixtures to remain.</i>																					
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">_____ AIR HANDLING UNITS</td> <td style="width:33%;">_____ FANS</td> <td style="width:33%;">_____ GAS PIPE OUTLETS</td> <td style="width:15%;">_____ OTHER (Describe) _____</td> </tr> <tr> <td>_____ AIR CONDITIONER</td> <td>_____ FIREPLACE INSERTS</td> <td>_____ HOODS (Commercial)</td> <td>_____</td> </tr> <tr> <td>_____ BOILERS</td> <td>_____ FURNACES</td> <td>_____ HOT WATER TANKS (Gas)</td> <td>_____</td> </tr> <tr> <td>_____ COMPRESSORS</td> <td>_____ GAS LOG SETS</td> <td>_____ REFRIGERATION SYST</td> <td>_____</td> </tr> <tr> <td>_____ DUCTING</td> <td>_____ GAS PIPING</td> <td>_____ WOODSTOVES</td> <td>_____</td> </tr> </table>	_____ AIR HANDLING UNITS	_____ FANS	_____ GAS PIPE OUTLETS	_____ OTHER (Describe) _____	_____ AIR CONDITIONER	_____ FIREPLACE INSERTS	_____ HOODS (Commercial)	_____	_____ BOILERS	_____ FURNACES	_____ HOT WATER TANKS (Gas)	_____	_____ COMPRESSORS	_____ GAS LOG SETS	_____ REFRIGERATION SYST	_____	_____ DUCTING	_____ GAS PIPING	_____ WOODSTOVES	_____	
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PLUMBING PERMIT	VALUE OF PLUMBING WORK \$ _____																				
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GENERAL INFORMATION			
CRITICAL AREAS ON PROPERTY?	WATER PURVEYOR	SEWER PURVEYOR	VALUE OF <u>EXISTING IMPROVEMENTS</u> \$ _____
EXISTING/PREVIOUS USE	LOT SIZE (In Square Feet)	EXISTING FIRE SPRINKLER SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPOSED FIRE SUPPRESSION SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENTIAL - NEW OR ADDITION				
AREA DESCRIPTION (in square feet)	EXISTING	PROPOSED	TOTAL	FOR OFFICE USE
BASEMENT				
FIRST FLOOR (or Mobile Home)				
SECOND FLOOR				
COVERED ENTRY				
DECK				
GARAGE <input type="checkbox"/> CARPORT <input type="checkbox"/>				
OTHER (describe)				
Area Totals	EXISTING	PROPOSED	TOTAL	
NEW HOMES ONLY				
ESTIMATED SELLING PRICE \$ _____			# OF BEDROOMS _____	

COMMERCIAL – NEW/ADDITION					
AREA DESCRIPTION	Area in Square Feet	Occupancy Group(s)	Construction Type	# of Stories	Additional Information
NEW BUILDING					
ADDITION					

COMMERCIAL – REMODEL/TENANT IMPROVEMENTS					
AREA DESCRIPTION	Area in Square Feet	Occupancy Group(s)	Construction Type	# of Stories	Additional Information
TOTAL BUILDING					
TENANT AREA ONLY					
PROJECT AREA ONLY					