



14525 Main St NE,
 Duvall, WA 98019
 (425) 788-3434 Fax: (425) 788-0311

PERMIT # _____

Plat & lot # _____

Residential Construction Permit Application

Check all that apply to this permit: Building Mechanical Plumbing Utilities

Permit Name: _____ Parcel No. _____

Permit Address: _____ Contact phone # _____

Describe the scope of work **in detail:** _____

Building Owner/Developer	
Name:	
Manager/Contact Person:	
Address:	
City:	ST/Zip:
Phone(s):	Fax:

Contractor	
Company Name:	
ID#:	
Address:	
City:	ST/Zip:
Phone(s):	Fax:

Lender	
Company Name:	
Architect Name:	
Address:	
City:	ST/Zip:
Phone(s):	Fax:

Project Contact <i>(person receiving all project communications)</i>	
Company Name:	
Engineer Name:	
Address:	
City:	ST/Zip:
Phone(s):	Cell#

Frontage Improvements NA Required

Utilities-needed Water Storm Sewer Underground (power/com./gas)

Mechanical *All mechanical equipment (new and relocated) to be listed below. Equipment not specifically listed will not be included on permit.*

<input type="checkbox"/> A/C	<input type="checkbox"/> Boilers/Water Heater	<input type="checkbox"/> Gas Piping Outlets
<input type="checkbox"/> Air Handlers/Heat pump	<input type="checkbox"/> Furnace BTU's _____	<input type="checkbox"/> Whole House Vent
<input type="checkbox"/> Appliance & Environmental Vents	<input type="checkbox"/> Gas Appliances	<input type="checkbox"/> Total Fixtures

Plumbing *(indicate the number of each new and relocated fixture type in the space provided)*

<input type="checkbox"/> Bathtub	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Water Heater
<input type="checkbox"/> Bidet	<input type="checkbox"/> Hose Bibbs	<input type="checkbox"/> Shower	<input type="checkbox"/> Other:
<input type="checkbox"/> Clotheswasher	<input type="checkbox"/> Kitchen sink	<input type="checkbox"/> Shower/Tub Combo	
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Laundry Sink	<input type="checkbox"/> Water Closet/Toilet	<input type="checkbox"/> Total Fixtures

FOR REMODEL & ADDITIONS ONLY, TOTAL CONSTRUCTION COST \$ _____

Applicant: OWNER OWNER'S AGENT CONTRACTOR CONTRACTOR'S AGENT

I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City Ordinances and State Building Codes. I, hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am owner of said property, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and I am acting with the owner's/contractor's consent.

Print name _____ Date _____

Signature _____ Date _____

Application expires 180 days after submittal date.

OFFICE USE ONLY (Please do not write below this line)

PLANNING: Zone _____ Setbacks: Front _____ Side _____ Rear _____ Height limit _____

Planning Approval _____ Date _____

Conditions: _____

ENGINEERING: Approval _____ Date _____

Verify property corners (via: Survey or Other) _____ Date _____

Verify Utilities Water Storm Sewer Underground (power/com./gas)

Frontage Improvements: _____

Conditions: _____

BUILDING: Occupancy _____ Type of Construction _____ Stories _____

Finished Area Building Sq. Ft. _____ @ _____ = _____

Garage Building Sq. Ft. _____ @ _____ = _____

Deck/Porch Building Sq. Ft. _____ @ _____ = _____

Basement Building Sq. Ft. _____ @ _____ = _____

TOTAL Sq. Ft. _____ TOTAL VALUATION \$ _____

Permit fee _____ Plan check fee _____ Plumbing fee _____ Mech. Fee _____

SBCC Surcharge _____ Total fees \$ _____

Building Department Approval _____ Date _____

Conditions: _____