



City of Lake Stevens
 1812 Main Street, P.O. Box 257
 Lake Stevens, WA 98258

Date of Application: _____
 Staff Initial: _____

Building Division
 (425)377-3235 (425)212-3327 fax

COMMERCIAL

Building Permit Application

Permit Number: _____

Site Address:	Permit Information		
Parcel Number:	Multi-Family & Commercial		
Parcel Information	<input type="checkbox"/> New Construction	Use _____	
Owner of Property:	<input type="checkbox"/> New Multi-Family	# of Units _____	
Address:	<input type="checkbox"/> Tenant Improvement	Use _____	
City/State/Zip:	<input type="checkbox"/> Accessory Building	Use _____	
Phone Number:	<input type="checkbox"/> Patio Cover	<input type="checkbox"/> Deck	
Email Address:	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Fire Suppression	
Applicant Information	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Spray Booth	
Name:	<input type="checkbox"/> Tents & Canopies		
Address:	Miscellaneous		
City/State/Zip:	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Fence	<input type="checkbox"/> Dock <input type="checkbox"/> Other
Phone Number:	Floor Area		
Email Address:	Existing		New
Site Information	First Floor:		
Zoning:	Second Floor:		
Lot Square Footage:	Third Floor:		
Sq Ft of Impervious Surface:	Semi Finished Area:		
% of Impervious Surface:	Deck:		
Section: Township: Range:	Garage:		
Plat:	Carport:		
Lot Number:	Other:		
Street Set Back:	Building Height:		
Rear Yard Set Back:	Shoreline Jurisdiction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Side Set Back Right: Left:	SEPA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Structure Information

Value of Construction:	Number of Buildings:
Type of Construction:	Occupancy Group:
Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Mixed Use <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of work:	

This application is received by the Building Official under the provisions of the International Building Codes and shall expire by limitation and become null and void if permit is not obtained within 180 days of this application. By Affixing my signature I certify that I am the legal owner of the the property for which this applicati is issued or an authorized agent of the owner. All provisions of laws and oridances governing this type of work will be complied with whether specified herein or not including calls for inspections.

Applicant Initial _____

Plumbing Contractor

Name: _____ Telephone() _____
 Address: _____ Fax () _____
 City/State/Zip: _____ E-Mail _____
 Contractor License # _____ City Business License # _____

Mechanical Contractor

Name: _____ Telephone() _____
 Address: _____ Fax () _____
 City/State/Zip: _____ E-Mail _____
 Contractor License # _____ City Business License # _____

Qty	Mechanical	Each	Office Use	Qty	Plumbing	Each	Office Use
	Permit	\$ 35.00			Permit	\$ 35.00	
	Supplemental Pmt	\$ 15.00			Supplement Pmt	\$ 15.00	
	Gas piping 1-4 outle	\$ 11.00			Water Service	\$ 10.00	
	Additional outlets	\$ 1.00			Water Heater	\$ 15.00	
	Ventilation Fan	\$ 10.00			Water Closet(toilet)	\$ 10.00	
	Forced Air System	\$ 18.00			Lavatory sinks	\$ 10.00	
	Gas Clothes Dryer	\$ 15.00			Bathtub	\$ 10.00	
	Manuf. Fireplace	\$ 18.00			Shower	\$ 10.00	
	AC Units-HP	\$ 20.00			Kitchen Sink	\$ 10.00	
	Heaters -Unit/wall	\$ 15.00			Dishwasher	\$ 10.00	
	Boilers HP	\$ 20.00			Clothes Washer	\$ 10.00	
	Range Hood(res)	\$ 15.00			Laundry Tray	\$ 10.00	
	Water Heater	\$ 15.00			Floor drain	\$ 10.00	
	Air Handlers	\$ 13.00			Sink(Service-bar)	\$ 10.00	
	Misc Appliance	\$ 15.00			Grease Trap	\$ 10.00	
					Sump Pump	\$ 10.00	
					Urinal	\$ 10.00	
					Roof Drains	\$ 10.00	
					Drinking fountains	\$ 10.00	
					Lawn Sprinkler	\$ 10.00	
					Refrig-Ice maker	\$ 10.00	
					Hose Bibs	\$ 10.00	
					Back Flow Preventor	\$ 10.00	
					Other	\$ 10.00	
	Total Fee				Total Fee		

Building Designer/Architect

Name: _____ Telephone() _____
Address: _____ Fax () _____
City/State/Zip: _____ E-Mail _____

Structural Engineer

Name: _____ Telephone() _____
Address: _____ Fax () _____
City/State/Zip: _____ E-Mail _____

General Contractor

Name: _____ Telephone() _____
Address: _____ Fax () _____
City/State/Zip: _____ E-Mail _____
Contractor License # _____ City Business License # _____

You may not begin any activity based on this application until a decision, including the resolution of any appeal, has been made. Conditions or restrictions may be placed on your permit if it is approved. After the City has acted on your application, you will receive notice of the outcome. If an appeal is filed, you may not begin any work until the appeal is settled. You may also need approvals from other agencies; please check this before beginning any activity.

If you suspect that your site contains a stream or wetland or is adjacent to a lake; you may need a permit from the state or federal government.

I DECLARE UNDER PENALTY OF THE PERJURY LAWS THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

Signature of Property Owner/Agent

Date of Application

By affixing my signature I certify that I am the legal owner of the property for which this application is issued or an authorized agent of the owner.