

Permit Center

Location: 400 W. Gowe

Mail to: 220 4th Avenue S. • Kent, WA 98032-5895

(253) 856-5300 FAX: (253) 856-6412 www.ci.kent.wa.us/permitcenter

Building Permit Application for New Additions

on single site)

| Multi-Fan (3 or more units | - | | |
|----------------------------------|----------------------------|-------|---------------|
| Check all that □ New □ Additi | <i>-</i> | - | ıl □ Plumbing |
| Permit Name: | | | |
| Complex Name: | | | |
| Permit Address: | | | |
| Building Project Valua | ation: | | Engi |
| Number of new residence | ential units: | | |
| Describe the scope | e of work <u>in detail</u> | : | |
| Building Owner Name: | | | Contra |
| Manager/Contact Po | erson: | | ID#: |
| Address: | C13011. | | Addres |
| City: | State: | Zip: | City: |
| Phone(s): | Fax: | —.p. | Phone |
| Architect | | | Engin |
| Company Name: | | | Compa |
| Architect Name: | | | Engine |
| ID#: | Exp. [| Date: | ID#: |
| Address: | | | Addres |
| City: | State: | Zip: | City: |
| Phone(s): | Fax: | | Phone |
| Designer/Consul | ltant | | Projec |
| Company Name: | | | Compa |
| Designer Name: | | | Contac |
| Address: | | | Addres |
| City: | State: | Zip: | City: |
| Phone(s): | Fax: | | Phone |

| | Rtg. Type Tracking Number | | | | | | | | |
|---|---------------------------|--|--|--|--|--|--|--|--|
| | Permit Name | | | | | | | | |
| | Permit Type | | | | | | | | |
| | Date Submitted | | | | | | | | |
| | Projected Review Date | | | | | | | | |
| | Completeness by | | | | | | | | |
| | Routing: BS PS PW FD | | | | | | | | |
| | # Copies: | | | | | | | | |
| _ | | | | | | | | | |
| | Parcel No.: | | | | | | | | |
| | Building Letter/Number: | | | | | | | | |

| Contractor | | |
|---------------|-------------|--|
| Company Name: | | |
| ID#: | Exp. Date: | |
| Address: | | |
| City: | State: Zip: | |
| Phone(s): | Fax: | |
| | | |

____ Engineer's Cost Estimate: _____

| Engineer | | | |
|----------------|--------|------|--|
| Company Name: | | | |
| Engineer Name: | | | |
| ID#: | Exp. D | ate: | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone(s): | Fax: | | |

| Project Contact (person receiving all project communications) | | | | | | | | |
|---|--------|------|--|--|--|--|--|--|
| Company Name: | | | | | | | | |
| Contact Person: | | | | | | | | |
| Address: | | | | | | | | |
| City: | State: | Zip: | | | | | | |
| Phone(s): | Fax: | | | | | | | |
| Email: | | | | | | | | |

| - Ruildi | ing / Fire | P | Provide | the Build | ing A | reas, in Square Fee | _ | | | | |
|----------------|--------------------|-----|-------------|-------------|---------------------|---|------|---------------|-------------------------|------------|--|
| | | | | | L | Proposed by this Permit Application | | | | | |
| | Exi | st | ting | | | New | | | | | Addition |
| 1st Floor | | L | | | | | | | | | |
| 2nd Floor | | | | | | | | | | | |
| 3rd Floor | | | | | | | | | | | |
| 4th Floor | | | | | | | | | | | |
| Deck | | | | | | | | | | | |
| Garage/Ca | arport | | | | | | | | | | |
| Will this buil | ding have fire | SI | prinklers | throughou | t? 🔲 | l Yes ☐ No N | lur | mber | of stories propose | d or | existing: |
| | nge of Land l | - | = | | | | | | nny parking stalls? | | |
| | eas on or nea | | | | | | | | any of the above nu | | |
| | r of bedroom | | | | | | | | essible? | | . • |
| | | | | | | | | | | | |
| | | | | | | roposed Occupand | | es | | | |
| | amily structur | | | | o. Two- | Family structure — R- | -3 | | d. Carport — U | | f. Deck — U |
| than tw | o residential | ur | nits — R- | 2 (| c. Gara | age — U | | | e. Utility Building | э — | U |
| Type of C | onstruction | n | | | | | | | | | |
| | | | w and rol | ocated me | ochanie | cal equipment and gar | _ | inin | a to be listed below | | uipment not specifically |
| - Mechie | | | | | | | | | | | d fees will be required. |
| Quantity | Descri | | | CFI | | Max. Output Btu | | | % Efficiency | - | Weight of Equipment |
| Qualitity | 50-99 CFM | - | | 011 | | Max. Output Btu | | - | 70 Emoichey | | Weight of Equipment |
| | 100 or > CF | | | | | <u> </u> | _ | \dashv | | | |
| | Furnace | IVI | I Falls | | | | — | - | | | |
| | Fireplace | | | | | <u> </u> | — | \dashv | | | |
| | Gas Water I | Ца | ootor. | | | | — | \dashv | | | |
| | Air Conditio | | | <u> </u> | | 1 | — | \dashv | | | |
| | | _ | | | | | — | \dashv | | | |
| | Heat Pump | | | <u> </u> | | | — | \dashv | | | |
| | Gas Pipin | ~ | Outloto | | | | | | | | |
| | | _ | | | | | | | | | |
| □ Pluml | bing (indic | ca | te the n | umber of | each r | new and relocated fix | xtι | ure t | ype in the space | prov | rided) |
| Bathtu | b |] | Flo | or Drain | | Service Sink | | | Toilet |][| Other: |
| | b/Shower | | - | nd Sink | $ \; \bigsqcup \;$ | Shower | Ļ | - | Water Heater | ┧┟ | |
| Bidet | | 1 | | se Bibb | ert ert ert | Shower/Tub Combo | ŀ | $\overline{}$ | Water Service* | ┩┝ | Repair: |
| | swasher | ┨ | - | chen Sink | ╽┕ | Roof Drain | L | | Water Softener | ┙┝ | TOTAL FIVEURES |
| Dishwa | asner | J | LLau | undry Sink | J | *All new buildin | gs | s rec | luire water servic | e L | TOTAL FIXTURES |
| Lender/Bon | d Issued | | | | | | | | | | |
| Address: | | | | | | City: | | | Stat | e: | Zip: |
| | | | | | | conduct the initial plan re | | | | | |
| | | | | | | e with similar projects, cu on is needed, processing | | | | | |
| | | | | | | eded to process this appli | | | ii be exterided propor | liona | tery. We will contact the |
| Applicant | :: | | OWNER | 0' | WNER' | S AGENT 🔲 CON | ۱TI | RAC | TOR 🖵 CONT | RAC | TOR'S AGENT |
| | | ар | plication a | and declare | under p | enalty of perjury that the | inf | orma | tion contained herein | is co | rrect and complete. |
| I agree to con | nply with all city | /a | nd county | ordinances | and sta | ate laws relating to building | ng d | const | ruction and hereby at | uthori | ze representatives of this |
| | | | | | | | | | | | ed on this permit application above and am acting with |
| | ontractors full k | | | | | , c roprocont ur | - 0 | | 1. John adior ad digit | | and a second second with |
| | | | | | | | | | | | |
| Print name of | permit holder/a | app | plicant | | | Perr | nit | hold | er's/applicant's signat | ure | |
| Date | | | | | | Applicat | tio | n e | xpires 180 day | s a | fter Date Submitted |

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