



Permit Center
 Location: 400 W. Gowe
 Kent, WA 98032-5895
 253-856-5300 FAX: 253-856-6412
 KentWA.gov/permitcenter

Multi-Family Building Permit Application

(3 or more units per structure or multiple duplexes on single site)

Check all that apply to this permit:

- New Building
 Addition
 Alteration
 Mechanical
 Plumbing
 Garage/Carport
 Other

Rtg. Type	Tracking Number		
Permit Name			
Permit Type			
Date Submitted			
Projected Review Date			
Completed By			
Routing:	<input type="checkbox"/> BS	<input type="checkbox"/> PS	<input type="checkbox"/> PW <input type="checkbox"/> FD
# Copies:			

Project Name: _____ Parcel Number: _____

Building Letter/Number: _____ Number of Residential Units: _____

Project Address: _____

Project Valuation: _____

Describe the scope of work in detail : _____

Building Owner		
Name:		
Manager/Contact Person:		
Address:		
City:	State:	Zip:
Phone(s):	E-mail:	

Contractor	
Company Name:	
Contractor License #:	
Exp. Date:	UBI #:
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Architect	
Company Name:	
Architect Name:	
ID#:	Exp. Date:
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Engineer	
Company Name:	
Engineer Name:	
ID#:	Exp. Date:
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Designer/Consultant		
Company Name:		
Designer Name:		
Address:		
City:	State:	Zip:
Phone(s):	E-mail:	

Project Contact <small>(person receiving all project communications)</small>		
Company Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	
Email:		

Building Provide the building areas, in square feet, below.

Existing		Proposed by this Permit Application		
		New Building	Addition	Alteration
1st Floor				
2nd Floor				
3rd Floor				
4th Floor				
Deck/Covered Porch				
Garage/Carport				

Will this building have fire sprinklers throughout? Yes No

Number of stories proposed or existing: _____

Is this a change of Land Use? Yes No

How many parking stalls? _____

Sensitive areas on or near site? Yes No

How many of the above number of parking stalls are accessible? _____

Total number of bedrooms: _____

Proposed Occupancies			
a. Multi-Family structures with more than two residential units – R-2	b. Two-Family structure – R-3	d. Carport – U	f. Deck – U
	c. Garage – U	e. Utility Building – U	
Type of Construction _____			

Mechanical All new and relocated mechanical equipment and gas piping to be listed below. Equipment not specifically listed on application will not be included on this permit. Separate permit, plans, and fees will be required.

Quantity	Description	CFM	Max. Output Btu/h	% Efficiency	Weight of Equipment
	50-99 CFM Fans				
	100 or > CFM Fans				
	Furnace				
	Fireplace				
	Gas Water Heater				
	Air Conditioner				
	Heat Pump				
	Gas Dryer				
	Gas Range				
	Gas Piping Outlets				

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

Bathtub	Floor Drain	Service Sink	Electric Water Heater	Repair:
Bathtub/Shower	Hand Sink	Shower	Water Service*	
Clotheswasher	Hose Bibb	Roof Drain	Water Softener	TOTAL FIXTURES
Dishwasher	Kitchen Sink	Toilet	Other:	
Grease Trap	Laundry Sink			

*All new buildings require water service

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

I certify that 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 and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property described on this permit application, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.

Print name of Applicant _____

Applicant's signature _____

Date _____

Application expires 180 days after date submitted.