



CITY OF TUKWILA
 Community Development Department
 Public Works Department
 Permit Center
 6300 Southcenter Blvd., Suite 100
 Tukwila, WA 98188
<http://www.TukwilaWA.gov>

Combination Permit No. _____ Project No.: _____ Date Application Accepted: _____ Date Application Expires: _____ (For office use only)

COMBINATION PERMIT APPLICATION – NEW SINGLE FAMILY

Applications and plans must be complete in order to be accepted for plan review.
 Applications will not be accepted through the mail or by fax.
 please print

SITE LOCATION

King Co Assessor's Tax No.: _____

Site Address: _____

PROPERTY OWNER		
Name:		
Address:		
City:	State:	Zip:

ARCHITECT OF RECORD		
Company Name:		
Architect Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

CONTACT PERSON – person receiving all project communication		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

ENGINEER OF RECORD		
Company Name:		
Engineer Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

GENERAL CONTRACTOR INFORMATION		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contr Reg No.:	Exp Date:	
Tukwila Business License No.:		

LENDER/BOND ISSUED (required for projects \$5,000 or greater per RCW 19.27.095)		
Name:		
Address:		
City:	State:	Zip:

PROJECT INFORMATION –

Valuation of project (contractor's bid price): \$ _____

Scope of work (please provide detailed information):

DETAILED BUILDING INFORMATION –

PROJECT FLOOR AREAS	PROPOSED SQUARE FOOTAGE
Basement	
1 st floor	
2 nd floor	
Garage <input type="checkbox"/> carport <input type="checkbox"/>	
Deck – covered <input type="checkbox"/> uncovered <input type="checkbox"/>	
Total square footage	

Per City of Tukwila Ordinance No. 2327, all new single family homes are required to have an automatic fire sprinkler system installed in the home. Please contact the Tukwila Fire Department for more information at 206-575-4407.

EQUIPMENT AND FIXTURES –

INDICATE NUMBER OF EACH TYPE OF FIXTURE TO BE INSTALLED AS PART OF YOUR PROJECT.

MECHANICAL:

Value of mechanical work \$ _____

fuel type: electric

gas

- | | | |
|---------------------------|----------------------------------|--|
| _____ furnace <100k btu | _____ appliance vent | _____ ventilation fan connected to single duct |
| _____ thermostat | _____ wood/gas stove | _____ water heater (electric) |
| _____ emergency generator | _____ other mechanical equipment | |

PLUMBING:

Value of plumbing/gas piping work \$ _____

- | | | |
|--------------------------------------|-----------------------------|--------------------------|
| _____ bathtub (or bath/shower combo) | _____ bidet | _____ clothes washer |
| _____ dishwasher | _____ floor drain | _____ shower |
| _____ lavatory (bathroom sink) | _____ sink | _____ water closet |
| _____ water heater (gas) | _____ lawn sprinkler system | _____ gas piping outlets |

PERMIT APPLICATION NOTES – APPLICABLE TO ALL PERMITS IN THIS APPLICATION –

Value of construction – In all cases, a value of construction amount should be entered by the applicant. This figure will be reviewed and is subject to possible revision by the permit center to comply with current fee schedules.

Expiration of plan review – Applications for which no permit is issued within 180 days following the date of application shall expire by limitation.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON, AND I AM AUTHORIZED TO APPLY FOR THIS PERMIT.

PROPERTY OWNER OR AUTHORIZED AGENT:

Signature: _____ Date: _____

Print Name: _____ Day Telephone: _____

Mailing Address: _____
City State Zip