

### CITY OF TUKWILA

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

Building Permit No
Project No
Date Application Accepted:
Date Application Expires:
(For office use only)

## **CONSTRUCTION PERMIT APPLICATION**

Applications will not b	omplete in order to be accepted for plan review. e accepted through the mail or by fax. *Please Print**				
SITE LOCATION					
	King Co Assessor's Tax No.:				
Site Address:	Suite Number: Floor:				
Tenant Name:	New Tenant:YesNo				
PROPERTY OWNER	ARCHITECT OF RECORD				
Name:	Company Name:				
Address:	Architect Name:				
City: State: Zip:	Address:				
	City: State: Zip:				
CONTACT PERSON – person receiving all project communication	Phone: Fax:				
Name:	Email:				
Address:	ENGINEER OF RECORD				
City: State: Zip:	Company Name:				
Phone: Fax:	Engineer Name:				
Email:	Address:				
GENERAL CONTRACTOR INFORMATION	City: State: Zip:				
Company Name:	Phone: Fax:				
Address:	Email:				
City: State: Zip:					
Phone: Fax:	<b>LENDER/BOND ISSUED</b> (required for projects \$5,000 or greater per RCW 19.27.095)				
Contr Reg No.: Exp Date:	Name:				
Tukwila Business License No.:	Address:				
L	City: State: Zip:				

BUILDING PERMIT INFORMATION – 206-431-3670						
Valuation of Project (contractor's bid price): \$ Existing Building Valuation: \$ Describe the scope of work (please provide detailed information):						
Will there be new rack stora	ige?	No	If yes, a separ	rate permit and p	lan submittal will b	e required.
Provide All Building Areas in Square Footage Below						]
	Existing	Interior Remodel	Addition to Existing Structure	New	Type of Construction per IBC	Type of Occupancy per IBC
1 <sup>st</sup> Floor						
2 <sup>nd</sup> Floor						
3 <sup>rd</sup> Floor						
Floors thru						
Basement						
Accessory Structure*						
Attached Garage						
Detached Garage						
Attached Carport						
Detached Carport						
Covered Deck						
Uncovered Deck						
PLANNING DIVISION:						
Single family building footprin			plus any decks over	18 inches and over	rhangs greater than 1	8 inches)
*For an Accessory dwelling, pr Lot Area (sq ft): *Provide documentatio	Floo	or area of principal dw	elling:s in one of the dwell	Floor arings as his or her p	rea of accessory dwel	ling:
Number of Parking Stalls Prov						
Will there be a change in use?	□ Yes		No If "yes", e	explain:		
FIRE PROTECTION/HA	ZARDOUS MAT	<u>ΓERIALS:</u>				
Sprinklers	Automati				ther (specify)	
Will there be storage or use of flammable, combustible or hazardous materials in the building?   If "yes', attach list of materials and storage locations on a separate 8-1/2" x 11" paper including quantities and Material Safety Data Sheets.						
SEPTIC SYSTEM						
On-site Septic S  Department.	System – For on-site	e septic system, provid	e 2 copies of a curre	ent septic design ap	oproved by King Cou	nty Health

#### **PUBLIC WORKS PERMIT INFORMATION – 206-433-0179**

Scope of Work (please provide detailed information):

# Call before you Dig: 811

	Ple	ase refer to Public Worl	ks Bulletin #1 for fe	es and estimate	sheet.	
Water District ☐Tukwila ☐Water Availal		Water District #125	Highline	□ R	enton	
Sewer DistrictTukwilaSewer Use Ce		Valley View Sewer Availability Provided	Renton	□ S€	eattle	
Septic System: On-site Septic	: System – For on-si	te septic system, provide 2 c	opies of a current septi	c design approved	by King County Health D	epartme
Civil Plans (I	pplication (mark b Maximum Paper Si ormation Report (St Insurance		Geotechnical l		Traffic Impact AnalHold Harmless – (RHold Harmless – (R	AO)
Right-of-wayRight-of-way	es (mark boxes than Use - Nonprofit for Use - No Disturban Excavation/Fill - Ri	less than 72 hours ce		Use - Profit for less Use – Potential Dis		
	cubic y		Work in Flood			
Sanitary SideCap or RemovFrontage ImprTraffic ControBackflow Pre	ve Utilities rovements	·,·		Grease Channe Trench Utility	elization	
Temporary WWater Only MSewer Main E	ater Meter Size Vater Meter Size Vater Size	" WO #" " WO #" " blic □ Private □		educt Water Meter	· Size"	
FINANCE INFOR						
Fire Line Size at PrWater Monthly Service B	roperty LineSewer	Number of Pub	lic Fire Hydrant(s) _ reatment			
•				Day Telephone:		
Water Meter Refur	nd/Billing:			City	State	Zip
	_			Day Telephone:		
				- 1		
			·	City	State	Zip

#### PERMIT APPLICATION NOTES -

**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.

The Building Official may grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated. Section 105.3.2 International Building Code (current edition).

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.

BUILDING OWNER OR AUTHORIZED AGENT:					
Signature:	Da	Date:			
Print Name:	Day Telephone:				
Mailing Address:					
· -	City	State	Zip		