



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

Public Works Permit No. _____ Project No. _____ Date Application Accepted: _____ Date Application Expires: _____ <i>(For office use only)</i>
--

PUBLIC WORKS PERMIT APPLICATION

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: _____ Suite Number: _____ Floor: _____

Tenant Name: _____ **New Tenant:** Yes ..No

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

CONTACT PERSON – person receiving all project communication		
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.:	

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

PERMIT APPLICATION NOTES

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.

BUILDING OWNER OR AUTHORIZED AGENT:

Signature: _____ Date: _____

Print Name: _____ Day Telephone: _____

Mailing Address: _____
City State Zip