



# Commercial Building Application

- New Construction     Addition     Remodel/Tenant Imp.     Demolition
- Replacement for Expired Permit # \_\_\_\_\_
- Above-Ground Swimming Pool     Below-Ground Swimming Pool

**Project Name:** \_\_\_\_\_

**Site Info:** Address: \_\_\_\_\_

Tax Parcels: \_\_\_\_\_

**Property Owner Info:** Name: \_\_\_\_\_  **Project Contact**

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant/Agent Info:** Name: \_\_\_\_\_  **Project Contact**

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Architect: \_\_\_\_\_ Engineer: \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Building Use:** \_\_\_\_\_

**Type of construction:**  IA     IB     IIA     IIB     IIIA     IIIB     IV     VA     VB

**Occupancy Classification(s):** \_\_\_\_\_ **No. of Units (Apts):** \_\_\_\_\_

**Proposed New Floor Area in Square Footage:** (for New Construction Addition)

1<sup>st</sup> floor \_\_\_\_\_ 2<sup>nd</sup> floor \_\_\_\_\_ 3<sup>rd</sup> floor \_\_\_\_\_ Garage \_\_\_\_\_

Patio Covers, Decks, and Porches more than 30" above grade or covered \_\_\_\_\_

**Bldg. Height:** \_\_\_\_\_ **Mezzanine Area:** \_\_\_\_\_(sf) **Canopy Area:** \_\_\_\_\_(sf)

**Area Protected:** \_\_\_\_\_ (sf) **Air Conditioning:**  Yes     No    **Sprinkler system:**  Yes     No

**New/change to Plumbing and/or Mechanical:**  Yes     No

**Power Company:** \_\_\_\_\_

**Heating/cooling system:**     Electric     Forced Air     Heat pump  
    Cadet/Baseboard     Gas/Oil     Boiler     Radiant Floor

**Sewage disposal:** (check one) Septic    Sewer-Contractor License#: \_\_\_\_\_

**Valuation of Project:** \$ \_\_\_\_\_  
(Cost of entire project, including material, labor, and professional services)

**Signatures:**

- **The Applicant/Agent must sign the application.**
- **A Notarized signature from the Property Owner is required for Demolition.**

I certify that to the best of my knowledge and belief, the information provided in this application is true, complete, and accurate. I also certify that I have the authority to carry out the proposed activities, and I agree to start work ONLY after I have received all necessary permits.

I hereby grant to the agencies to which this application is made or forwarded, the right to enter the above-described location to inspect the proposed, in-progress, or completed work. I agree to start work only after all necessary permits and approvals have been received.

I hereby authorize the Applicant/Agent to apply for a **Demolition Permit**. The Owner's signature must be notarized.

\_\_\_\_\_  
*Property Owner Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant/Agent Signature*

\_\_\_\_\_  
*Date*

STATE OF WASHINGTON    )  
  ) ss  
COUNTY OF PIERCE        )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_ who is known to be the individual described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument as a free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

\_\_\_\_\_  
AFFIX SEAL OR STAMP ABOVE THIS LINE

## Request to Defer Elements of the Building Construction Drawings

Deferred submittal is allowed as defined in [Section 107.3.4.1](#)

Using this process requires an additional plan review fee.

- Deferred Submittal: Except for Group R, Division 3 and Group U occupancies, there is a fee of 100 percent of the building permit fee as shown in [Table 17C.10-1-A](#).
- Phased Submittal: Except for Group R, Division 3 and Group U occupancies, there is a fee of 150 percent of the building permit fee as shown in [Table 17C.10-1-A](#).

### Items that may be deferred are listed below.

Check the item(s) specific to this request:

- Fire Suppression Plans
- Alarm Plans
- Plumbing Plans
- Mechanical Plans

Requires prior approval of the Building Official:

- Design-Build Process
- Tenant Improvement application items

### Conditions:

1. Documents and plans for the deferred or phased elements shall be submitted to the architect or engineer of record who shall review them and forward them to the Building Official.
2. The architect or engineer of record shall provide documentation indicating that the deferred or phased documents and plans have been reviewed and have been found to be in general conformance with the design of the building.
3. The deferred items shall not be installed until their design and documentation have been approved by the [Building Official](#).
4. The building permit will not be issued until the deferred items have been submitted for review and the associated permit(s) applied for.

On projects where an architect or engineer is not required, and with the approval of the Building Official, the owner may designate a representative for the project.

### Architect, Engineer or Designee of Record:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Fixture Counts

<b>Plumbing</b>	
Atmospheric Type Vacuum Breakers – Thru 5	
Atmospheric Type Vacuum Breakers – Over 5	
Ea. Lawn Sprinkler System–Includes Back Flow	
Gas Piping System – Plumbing – Thru 5	
Grease, Oil/Water Interceptor	
Medical Gas Piping Serving 1-5 Outlets	
Medical Gas Piping Serving Over 5 Outlets, Ea.	
New/Modify of Water Piping/Treatment Equip Ea.	
Non-Atmospheric Backflow Protection Dev <=2"	
Non-Atmospheric Backflow Protection Dev >2"	
Plumbing Fixture – Back Water Valve	
Plumbing Fixture – Bathtub	
Plumbing Fixture – Bidets	
Plumbing Fixture – Clothes Washer	
Plumbing Fixture – Dish Washer	
Plumbing Fixture – Drinking Fountain	
Plumbing Fixture – Floor Drain	
Plumbing Fixture – Floor Sink	
Plumbing Fixture – Hose Bibb	
Plumbing Fixture – Kitchen Sink	
Plumbing Fixture – Laundry Tray	
Plumbing Fixture – Lavatories	
Plumbing Fixture – Other	
Plumbing Fixture – Roof Drains/Leaders	
Plumbing Fixture – Shower	
Plumbing Fixture – Sumps	
Plumbing Fixture – Turnaround	
Plumbing Fixture – Urinal	
Plumbing Fixture – Water Closet	
Plumbing Fixture – Water Heater	
Plumbing Fixture – Water Heater/Vent	
Plumbing Fixture – Rain Leaders	
Rainwater System per Drain Inside Bldg	
Reclaimed Water	
Repair/Alter Drainage or Vent Piping/Fixture	
Underslab Plumbing (Shell building only when no fixtures are installed)	
Water Heater/Vent	

<b>Mechanical</b>	
Air Handler <= 10000 CFM	
Air Handler >10000 CFM	
Air to Air Heat Exchanger	
Appliance Vent	
Appliance/Equip Regulated but Not Shown	
Atmospheric Type Vacuum Breakers – Thru 5	
Atmospheric Type Vacuum Breakers – Over 5	
Boiler/Compressor <= 3HP or 100,000 BTU	
Boiler/Compressor > 15 HP or 500,000 BTU	
Boiler/Compressor > 30 HP or 1,000,000 BTU	
Boiler/Compressor > 50 HP or 1,750,000 BTU	
Boiler/Compressor over 3 HP or 100,000 BTU	
Domestic Type Incinerator	
Evaporative Cooler Non Portable	
Exhaust Hood	
Floor Furnace	
Forced Air/Gravity Furnace <100,000 BTU	
Forced Air/Gravity Furnace >100,000 BTU	
Gas Piping System – Each 1 over 4	
Gas Piping System – Thru 4	
Hazard Process Pipe System – Over 4, Ea.	
Hazard Process Pipe System – Thru 4	
HVAC (Heat Pump) Over 3 HP or 100K BTU/H	
HVAC (Heat Pump) Thru 3 HP or 100K BTU/H	
Mechanical Plan Check by Quarter Hours	
Mechanical – Fixtures Regulated, but not Shown	
Medical Gas Piping Serving 1-5 Outlets	
Medical Gas Piping Serving Over 5 Outlets, Ea.	
Modification of Heating/Cooling Unit	
Non-Hazard Process Pipe – Thru 4	
Non-Hazard Process Pipe – Over 4, Ea.	
Radon Test Kit – 1 <sup>st</sup> Floor Multi-Family Dwelling	
Stove/Insert – Gas	
Suspended, Recessed, or Floor-Mounted Heater	
Ventilation Fan Connected to Single Duct	
Ventilation System Not Part of Heat/AC	
Woodstove/Insert - Wood	