City of Lake Stevens
1812 Main Street, P.O. Box 257
Lake Stevens, WA 98258

Date of Application:_____
Staff Initial:_____

Building Division
(425)377-3235 (425)212-3327 fax

COMMERCIAL

Building Permit Application

Permit Number:_____

Site Address:	**Permit Information**
Parcel Number:	**Multi-Family & Commercial**
Parcel Information	☐ New Construction Use _____
Owner of Property:	☐ New Multi-Family # of Units _____
Address:	☐ Tenant Improvement Use _____
City/State/Zip:	☐ Accessory Building Use _____
Phone Number:	☐ Patio Cover ☐ Deck
Email Address:	☐ Fire Sprinkler ☐ Fire Suppression
Applicant Information	☐ Fire Alarm ☐ Spray Booth
Name:	☐ Tents & Canopies
Address:	**Miscellaneous**
City/State/Zip:	☐ Retaining wall ☐ Fence ☐ Dock ☐ Other
Phone Number:	**Floor Area**
Email Address:	Existing New
Site Information	First Floor:
Zoning:	Second Floor:
Lot Square Footage:	Third Floor:
Sq Ft of Impervious Surface:	Semi Finished Area:
% of Impervious Surface:	Deck:
Section: Township: Range:	Garage:
Plat:	Carport:
Lot Number:	Other:
Street Set Back:	Building Height:
Rear Yard Set Back:	Shoreline Juristiction: ☐ Yes ☐ No
Side Set Back Right: Left:	SEPA: ☐ Yes ☐ No

Structure Information

Value of Construction:	Number of Buildings:
Type of Construction:	Occupancy Group:
Fire Sprinklers ☐ Yes ☐ No	Mixed Use ☐ Yes ☐ No
Description of work:	

This application is received by the Building Official under the provisions of the International Building Codes and shall expire by limitation and become null and void if permit is not obtained within 180 days of this application. By Affixing my signature I certify that I am the legal owner of the the property for which this applicatic is issued or an authorized agent of the owner. All provisions of laws and oridances governing this type of work will be complied with whether specified herein or not including calls for inspections.

Applicant Initial _____

Building Designer/Architect

Name: _____ Telephone( ) _____
Address: _____ Fax ( ) _____
City/State/Zip: E-Mail

Structural Engineer

Name: _____ Telephone( ) _____
Address: _____ Fax ( ) _____
City/State/Zip: E-Mail

General Contractor

Name: _____ Telephone( ) _____
Address: _____ Fax ( ) _____
City/State/Zip: _____ E-Mail _____
Contractor License # _____ City Business License # _____

You may not begin any activity based on this application until a decision, including the resolution of any appeal, has been made. Conditions or restrictions may be placed on your permit if it is approved. After the City has acted on your application, you will receive notice of the outcome. If an appeal is filed, you may not begin any work until the appeal is settled. You may also need approvals from other agencies; please check this before begininning any activity.

If you suspect that your site contains a stream or wetland or is adjacent to a lake; you may need a permit from the state or federal government.

I DECLARE UNDER PENALTY OF THE PERJURY LAWS THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

_____ _____
Signature of Property Owner/Agent Date of Application

By affixing my signature I certify that I am the legal owner of the property for which this application is issued or an authorized agent of the owner.

Planning and Community Development
1812 Main Street, P O Box 257
Lake Stevens WA 98258
Phone Number (425) 377-3235

To be completed by staff

Date of Application: _____

Staff Initials: _____

Permit Number: _____

STATEMENT OF OWNERSHIP/APPLICANT AUTHORITY

I certify or declare under penalty of perjury under the laws of the state of Washington that:

1. This application is authorized by the all the land owners with authority to bind the land/property;
2. That the developer is operating under the landowner's authority;
3. That the developer and/or landowner is either an individual or a duly formed and qualified corporation, partnership, or other legal entity; and
4. That the person signing all applications or other legal documents is authorized by the legal entity and/or landowner to do so; and
5. That the application and submittals are true and correct to the best of my information.

Applicant

Signature: _____

Name: _____

Address: _____

_____

Phone: _____

Email address: _____

Property Owner(s)

Signature: _____

Name: _____

Address: _____

_____

Phone: _____

Email address: _____

Signature: _____

Name: _____

Address: _____

_____

Phone: _____

Email address: _____

NOTE ON ENTERING PROPERTY

The City of Lake Stevens may enter onto the property, which is the subject of this application during the hours of 7:00 a.m. to 5:00 p.m., Monday – Friday, for the sole purpose of inspecting the limited area of the property, which is necessary to process this application. In the event the City determines that such an inspection is necessary during a different time or day, the City employees or agents will contact applicant verbally or in writing at least 24 hours before entering.

LEGAL DESCRIPTION