



## Residential Building Application

- New Construction     Remodel     Addition     Demolition  
 Replacement for Expired Permit # \_\_\_\_\_

**Project:**

- Single Family     Duplex     Mobile Home     Garage     Pole Garage  
 Pole Barn     Carport     Retaining Wall/Bulkhead     Deck     Dock/Pier  
 Above-ground Swimming Pool     Below-ground Swimming Pool

**Property Owner Information:**

**Project Contact**

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

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Applicant/Agent Information:** (If not the Property Owner)

**Project Contact**

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

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Contractor Information:**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

**DESCRIPTION OF WORK:**

**Site Information:**

Site Address: \_\_\_\_\_

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

No. of Bldgs. on Site: \_\_\_\_\_ Property Size: \_\_\_\_\_

**Building Data:** Stories \_\_\_\_\_ Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Fireplaces \_\_\_\_\_

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

1<sup>st</sup> floor \_\_\_\_\_ Finished Basement \_\_\_\_\_ Garage \_\_\_\_\_ Pole Barn \_\_\_\_\_

2<sup>nd</sup> floor \_\_\_\_\_ Unfinished Basement \_\_\_\_\_ Carport \_\_\_\_\_ 3<sup>rd</sup> floor \_\_\_\_\_

**Uncovered** Decks & Porches more than 30" above grade \_\_\_\_\_

**Covered** Decks, Porches and Patios \_\_\_\_\_

**Proposed Remodel Floor Area in Square Footage:** (for Remodel)

1<sup>st</sup> floor \_\_\_\_\_ Finished Basement \_\_\_\_\_ Garage \_\_\_\_\_ Pole Barn \_\_\_\_\_

2<sup>nd</sup> floor \_\_\_\_\_ Unfinished Basement \_\_\_\_\_ Carport \_\_\_\_\_ 3<sup>rd</sup> floor \_\_\_\_\_

**Uncovered** Decks & Porches more than 30" above grade \_\_\_\_\_

**Covered** Decks, Porches, and Patios \_\_\_\_\_

**Construction method:**

- Wood Frame       Metal Frame       Pole Building       Concrete Block

**Heating system:**

- Electric:**    Forced Air    Wall\*    Baseboard\*    Heat Pump

**\*Please Note:** Wall and Baseboard heaters require the installation of a ductless heat pump

- Gas/Oil:**    Forced Air    Boiler    Radiant

- Propane:**   Tank Size: \_\_\_\_\_

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

**Electric Utility Provider:** \_\_\_\_\_

**Water Source:** (check one)    Public (Purveyor/Group Well)       Individual Well

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

**Manufactured Home Installer WAINS number:** \_\_\_\_\_

**Valuation of Project:** \$ \_\_\_\_\_

(Cost of entire project, including material, labor, and professional services **or** manufactured homes)

**Whole House Ventilation System:** (check one)

- Option 1 - **IRC M1507.3.4** Whole House Venting Using Exhaust Fans
- Option 2 - **IRC M1507.3.5** Whole House Ventilation Integrated With Central Heating
- Option 3 - **IRC M1507.3.6** Whole House Ventilation Ducted From Supply Fan
- Option 4 - **IRC M1507.3.7** Whole House Ventilation Heat Recovery Ventilation System

CFM: \_\_\_\_\_

Whole House Ventilation Rate: CFM from Table M1507.3.3(1) for Options 1, 3&4.

Calculated per Section M1507.3.3 for Option 2.

**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

# Fixture Counts

(This page to be filled out if applying for a **Swimming Pool**)

<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	
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	