



COMMERCIAL AND RESIDENTIAL UNIVERSAL PERMIT APPLICATION

For City Use

All Contractors working within City of Enumclaw will need a business license <http://business.wa.gov/BLS> or 1.800.451.7985

<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> RESIDENTIAL	REQUESTING GAS SERVICE: YES	NO	GROSS SQ FT OF PROJECT AREA
BUSINESS NAME / PROJECT NAME (IF APPLIES)				
DESCRIPTION OF WORK, BE SPECIFIC			ESTIMATED PROJECT VALUATION	
SITE ADDRESS			PARCEL NO. (REQUIRED)	
APPLICANT/AUTHORIZED AGENT (person/company taking out permit) NAME			PHONE	
EMAIL			CELL	
ADDRESS CITY, ST, ZIP				
CONTRACTOR			PHONE	
EMAIL				
ADDRESS CITY, ST, ZIP			CELL	
CONTRACTOR'S REG NO		EXPIRATION DATE		ENUMCLAW BUSINESS LICENSE NO
PROPERTY OWNER			PHONE	
ADDRESS CITY, ST, ZIP			CELL	
EMAIL				
ENGINEER			PHONE	
ADDRESS CITY, ST, ZIP			CELL	
EMAIL				
ARCHITECT			PHONE	
ADDRESS CITY, ST, ZIP			CELL	
EMAIL				

If you are building a new residence or commercial structure, you will need to complete and submit 2015 Energy Code worksheets. Follow this link to the energy code worksheets:

- Residential projects: <http://www.energy.wsu.edu/BuildingEfficiency/EnergyCode.aspx>
- Commercial projects: <http://www.neec.net/energy-codes>

PLEASE READ AND INITIAL
All construction jobs within the city shall comply with the applicable provisions
2015 IBC and IRC as amended by the State of Washington.

RCW 19.27.095, The requirements for a fully completed application shall be defined by local ordinance **but for any construction project** costing more than **five thousand dollars** the application shall include one of the following as a minimum:

(Please attached to this application) The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or

ATTACHED NONE / INITIALS _____

(Please attach to this application) The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than fifty percent of the total amount of the construction project.

ATTACHED NONE / INITIALS _____

PLEASE READ BEFORE SIGNING

I hereby certify that I have read and examined this application and know the same to be true and correct. It is the responsibility of the permittee or the person doing the work to notify the Building Division for inspections at least twenty-four (24) hours in advance, and insure that the required inspections are made. **IBC 105.5 Expiration:** *Every permit issued shall become invalid unless the work on site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.* This permit may be revoked if the work is not in conformance with all laws, rules and regulations of the City of Enumclaw. The duty to insure code conformance rests with the builder, developer, or the homeowner, not the City of Enumclaw. The approval of the construction plans and inspections does not guarantee that all the provisions of the applicable codes have been met. All documents submitted to the City become public record and are available for public inspection and copying. I herein agree to reimburse the City for the cost of professional engineers and other consultants hired by the City to review and inspect this proposal and any other related permits. *I represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge or consent.*

I hereby request that the Building Division review be done parallel with other city department reviews. I understand that review by other departments and/ or changes resulting from these reviews may result in increased or additional charges or fees.

Owner or Owner's Agent Signature: _____

Please Print Your Name _____ **Date:** _____

TO BE FILLED OUT BY CITY STAFF

TYPE OF CONSTRUCTION		Please circle (1-A, 1-B, II-A, II-B, III-A) (III-B, IV, V-A, V-B)		NUMBER OF ADA PARKING SPACES PROVIDED _____	
OCCUPANCY TYPES	: 1. _____	2. _____	3. _____	4. _____	5. _____ 6. _____
OCCUPANCY PER SQ. FT:	1. _____	2. _____	3. _____	4. _____	5. _____ 6. _____
NUMBER OF UNITS:	_____	NO. STORIES:	_____	BASEMENT SQ FT:	_____
OCCUPANT LOAD:	_____	AIR CONDITIONED AREA:	_____	CHANGE OF USE	YES NO
SPRINKLERS REQUIRED	YES NO	FIRE ALARMS REQUIRED	YES NO	SPRINKLERED AREA:	_____
MIXED OCCUPANCY	YES NO	MODULAR BUILDING	YES NO	THE HEIGHT OF BUILDING IN FT.:	_____
CALCULATED PROJECT VALUATION:	_____	VACANT SITE	YES NO	SITE ZONING:	_____
ADDITIONAL PLAN CHECK FEES:	_____				