



BUILDING PERMIT APPLICATION

STAFF USE ONLY
PERMIT #: _____ RECEIVED BY: _____

Permit Type	Construction Project Type	Fire
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Grade & Fill <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Residential Registered <input type="checkbox"/> Residential Basic <input type="checkbox"/> Other _____	<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Storage Tank <input type="checkbox"/> Fireworks Stand <input type="checkbox"/> Other _____

New Addition Remodel

Project Description: _____

Project Parcel Number(s): (required) _____

Project Address: _____

APPLICANT

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

PRIMARY CONTACT PERSON

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

CONTRACTOR

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

L & I license #: _____

PROPERTY OWNER

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

1st Floor sq. ft. _____ Basement sq. ft. _____ Porch sq. ft. _____

2nd Floor sq. ft. _____ Garage sq. ft. _____ Lot Area sq. ft. _____

3rd Floor sq. ft. _____ Deck(s) sq. ft. _____

Type(s) of construction <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> VA <input type="checkbox"/> VB	
Proposed Use _____	Value of proposed work: \$ _____
Existing Use(s) _____	Value of existing building: \$ _____
Occupancy Use(s) _____	
<input type="checkbox"/> Water Availability Certificate submitted	<input type="checkbox"/> Sewer Availability Certificate submitted

Indicate individual building areas and total existing and proposed area

1st Floor _____ sqft Basement _____ sqft Porches _____ s q f t

2nd Floor _____ sqft Garage _____ sqft Total Existing Area _____ s q f t

3rd Floor _____ sqft Decks _____ sqft Total Proposed Area _____ sqft

Plumbing Fixture Count (indicate the number of each fixture)						
Water closets		Sinks		Dishwashers		Lavatories
Bathtubs		Water heaters		Washing machines		Gas piping
Showers		Floor drains		Sump or trap		Other
Hose bibs		Urinals		Drinking Fountain		Total fixtures
Value of plumbing work only: \$						

Mechanical Fixture Count (indicate the number of each fixture)						
Furnace < 100k BTUs		Boiler(s)		Gas log set(s)		Unit heaters
Furnace > 100k BTUs		Whole housefan(s)		Woodstove(s)		Ductwork
Radiant heat system(s)		Exhaust fan(s)		Barbeque(s)		Gas piping
Heat Pump(s)		Exhaust Hoods(s)		Air handling units		Other(s)
Value of mechanical work only: \$			Fuel Type:			

Applicant's Signature: _____ **Date:** _____
(Required)

Owner's Signature: _____ **Date:** _____
(Required)

Agent's Signature: _____ **Date:** _____
(If you are acting as an owner's agent, you must provide proof of agency.)

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City of Maple Valley as to any claim (including costs, expenses and attorney's fees incurred in the investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Maple Valley, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application.