**CONSTRUCTION PERMIT APPLICATION**

Please use black or blue ink or type. Information must be legible. Incomplete application will not be accepted. Application will not be accepted without the signature of the owner or legal agent.

<table>
<thead>
<tr>
<th>APPLICATION TYPE:</th>
<th>☐ BUILDING</th>
<th>☐ PLUMBING</th>
<th>☐ MECHANICAL</th>
<th>☐ DEMO</th>
<th>☐ COMMERCIAL-TI</th>
<th>☐ OTHER</th>
<th>(See Reverse)</th>
<th>(See Reverse)</th>
<th>(Note Dump site)</th>
<th>(Complete page 2)</th>
</tr>
</thead>
</table>

Assessor's Tax Account Number: ________________________ Parcel Size: ________________________

Location of Project (and/or address): ________________________

Applicant: ________________________ Contact Name: ________________________

Applicant Address (street, city, state, zip): ________________________

Phone: ________________________ E-mail: ________________________

Property Owner: ________________________

Owner Address (street, city, state, zip): ________________________

Phone: ________________________ E-mail: ________________________

Work will be performed by: ☐ Property Owner or ☐ Contractor. If Contractor, please provide the following information:

Contractor: ________________________ Contact Name: ________________________

Phone: ________________________ Fax: ________________________ E-mail: ________________________

Contractor’s Mailing Address: ________________________

Contractor’s License/Registration #: ________________________ Expiration Date: ________________________

City Business License #: ________________________ Revenue Tax(#(UBI)): ________________________

I certify that the contractor(s) (general or specialty) who will perform any of the services for which this permit is issued, is registered with the State of Washington, Department of Labor & Industries, in compliance with chapter 18.27 RCW (law of 1963) under certificate number. ________________________

PROJECT DESCRIPTION (be specific): ________________________

<table>
<thead>
<tr>
<th>WATER PROVIDER:</th>
<th>SEWER PROVIDER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is septic on property? ☐ yes ☐ no</td>
<td>Is there a well on the property? ☐ yes ☐ no</td>
</tr>
<tr>
<td>Amount of cut &amp; fill (cubic yds.): ________________________</td>
<td>If amount exceeds 500 cubic yards, SEPA review is required. See Form 012.</td>
</tr>
<tr>
<td>Percent of impervious surface ________________________</td>
<td>Is property within floodplain? ☐ yes ☐ no</td>
</tr>
</tbody>
</table>

The square footage must be filled in if applicable. Square footage is used to calculate the fees.

Main Floor (sq. ft.)___________________ Second Floor (sq. ft.)___________________ Basement ☐ Finished ☐ Not Finished (sq. ft.)___________________

Garage (sq. ft.)___________________ Carport (sq. ft.)___________________ Deck (sq. ft.)___________________

Total Building Area (sq. ft.)___________________ If building area exceeds 12,000 sq. ft., SEPA review is required. See Form 012.

No. of Bedrooms: ________________________ No. of Bathrooms: ________________________

Check box(es) for any surface water bodies on or adjacent to property: ☐ Saltwater ☐ Creek ☐ Pond ☐ Wetland

List any additional permits granted for project (attach approvals): ________________________

CONSTRUCTION VALUE $ ________________________

(Attach labor & materials estimate, or bid contract. IBC 109.3)

I understand that applications for which no permit is issued within 180 days following the date of application shall expire by limitation, and plans and other data submitted for review may thereafter be returned to the applicant or destroyed by the Building Official. IBC/IRC 105.3.2.

X ________________________ Owner/Legal Agent Signature

DATE: ________________________

Planning-Building Form 081 – Construction Permit Application (Rev. 5/1/14)  Page 1 of 2
For a Commercial Tenant Improvement application, please provide the following information. If a Certificate of Occupancy is required, it will be issued after the final inspection has been performed and approved.

Type of Business: 
(Any business dealing with food must have Health District approval letter prior to issuance of Certificate of Occupancy.)

Name of Business: ____________________________

Mailing Address (street, city, state, zip): ____________________________

Phone: ____________________________ E-mail: ____________________________

City Business License #: ____________________________ UBI #: ____________________________

PLANS & SPECIFICATIONS SUBMITTAL REQUIREMENTS:

RESIDENTIAL: 3 sets of building plans and specifications, and 4 copies of site plan. 
NOTE: New SFR and Duplex may require fire sprinkler installation. Contact DCD at 360-874-5533 prior to submittal for requirements.

COMMERCIAL: 4 sets of building plans and specifications, and 7 copies of site plans (including Landscaping).

COMMERCIAL TENANT IMPROVEMENT: 4 sets of building plans and specifications and 4 copies of site plan.

PLUMBING AND MECHANICAL: If your project includes Plumbing and/or Mechanical fixtures, complete the Residential (Form 084) or Commercial (Form 083) Plumbing and Mechanical Fixture Count Form and submit with this form. (no State Fee required)

ROOFING PERMIT:

<table>
<thead>
<tr>
<th>Type of Roofing Material</th>
<th>No. of Squares</th>
<th>Construction Valuation</th>
<th>Project Valuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot Mop/Cold Mop (flat roof)</td>
<td>x $90.00/square</td>
<td>= $</td>
<td></td>
</tr>
<tr>
<td>Composition, Metal</td>
<td>x $70.00/square</td>
<td>= $</td>
<td></td>
</tr>
<tr>
<td>Wood Shake, Shingle</td>
<td>x $140.00/square</td>
<td>= $</td>
<td></td>
</tr>
<tr>
<td>Concrete, Tile, Slate</td>
<td>x $140.00/square</td>
<td>= $</td>
<td></td>
</tr>
<tr>
<td>Torch Down</td>
<td>x $90.00/square</td>
<td>= $</td>
<td></td>
</tr>
</tbody>
</table>

FOR STORMWATER, EXCAVATION, GRADING, & SITE DEVELOPMENT PERMITS:
Refer to Public Works Department Forms: on website (www.cityofportorchard.us), or call (360) 876-4991.

IF SEPA REVIEW is required, see Form 012 for submittal requirements.

DO NOT WRITE BELOW THIS LINE

PERMIT RATES SUBJECT TO CHANGE WITHOUT NOTICE

<table>
<thead>
<tr>
<th>TECHNOLOGY FEE</th>
<th>$10.00</th>
<th>PLUMBING FEE</th>
<th>$ ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERMIT FEE</td>
<td>$ __________</td>
<td>PLUMBING FIXTURE FEE</td>
<td>$ ______________</td>
</tr>
<tr>
<td>PLAN REVIEW FEE</td>
<td>$ __________</td>
<td>MECHANICAL FEE</td>
<td>$ ______________</td>
</tr>
<tr>
<td>STATE SURCHARGE</td>
<td>$ __________</td>
<td>MECHANICAL FIXTURE FEE</td>
<td>$ ______________</td>
</tr>
<tr>
<td>CONCURRENCY FEE</td>
<td>$ __________</td>
<td>ROAD IMPACT FEE</td>
<td>$ ______________</td>
</tr>
<tr>
<td>OTHER FEES</td>
<td>$ __________</td>
<td>ROAD IMPACT ADMIN FEE</td>
<td>$ ______________</td>
</tr>
<tr>
<td>TOTAL FEES DUE</td>
<td>$ __________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER PERMITS FOR PROJECT:

SHORELINE EXEMPTION: PERMIT#: __________ RECEIPT # __________ FEE: $ __________

STORMWATER MANAGEMENT PERMIT#: __________ RECEIPT # __________ FEE: $ __________

VERIFIED CONTRACTOR INFO: Contractor's License: __________ UBI: __________ Business License: __________

initial initial initial

PERMIT #: __________ RECEIPT # __________ DATE ISSUED: __________

OVER-THE-COUNTER APPROVALS
All other permits approvals (except over-the-counter) are signed off through LIS Permit database

BUILDING DEPARTMENT APPROVAL: ____________________________ sign and date

All permits must meet the current adopted City of Port Orchard building codes (International Building Codes and Uniform Plumbing Codes).