



BUILDING PERMIT APPLICATION

**Development Services
Building Division**
121 5th Ave N / Edmonds, WA 98020
425.771.0220

For handouts, submittal requirements, permit status and inspection scheduling information go to: www.edmondswa.gov.

PLEASE NOTE: Intake appointments are required for *New Single Family Residences, Large Additions, ADU's, New Commercial, and Major Tenant Improvement* application submittals. If plans are prepared by a professional, electronic files are requested in addition to the hard copies. Please bring electronic files on a flash drive or coordinate for electronic transfer.

Please call 425-771-0220 to schedule an intake appointment!

JOB SITE INFORMATION/LOCATION: (Where the work is taking place)

Job Site Address: _____
 Parcel: _____
 Lot /Unit/Suite #: _____ Subdivision: _____

PROPERTY OWNER:

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____
 Email: _____

OWNER INSTALLATION: *If yes, read and sign*

Will work be performed by the property owner? Yes No
 I own, reside in, or will reside in the completed structure. This installation is being made on property that I own which is not intended for sale, lease, rent, or exchange according to RCW 18.27.090.
 Owner Signature: _____

APPLICANT / CONTACT INFORMATION:

Name of Applicant: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____
 E-mail: _____

GENERAL CONTRACTOR: (If different from applicant)

General Contractor: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone #: _____
 E-mail: _____

STATE UBI #: _____
CITY OF EDMONDS BUSINESS LICENSE #: _____
WA STATE CONTRACTOR L & I #: (CCB) & EXPIRATION DATE: _____

Office Use Only

Permit #: _____

TYPE OF PERMIT (Provide Details on Page 2)

<input type="checkbox"/> Accessory Structure/ Detached Garage	<input type="checkbox"/> Addition
<input type="checkbox"/> Demolition	<input type="checkbox"/> Mechanical
<input type="checkbox"/> New Single Family / Duplex	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Remodel
<input type="checkbox"/> New Commercial/ Mixed Use	<input type="checkbox"/> Re-Roof
<input type="checkbox"/> Signs	<input type="checkbox"/> Tank
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Other _____

Remodel Permit fees are based on:

The value of the work performed. Indicate the value (rounded to the nearest dollar) of all equipment, materials, labor, overhead, and the profit for the work indicated on this application.

Valuation: _____

PROPOSED NEW SQUARE FOOTAGE FOR THIS APPLICATION

Basement sq ft:	Finished <input type="checkbox"/> Unfinished <input type="checkbox"/>
1st Floor, sq ft:	
2nd Floor, sq ft:	
Garage/Carport:, sq ft:	
Deck/Covered Porch/Patio:	
Other sq ft:	

PROJECT DESCRIPTION

I certify that the information I have provided on this form/application is true, correct and complete, and that I am the property owner or duly authorized agent of the property owner to submit a permit application to the City of Edmonds.

Print Name: _____

Signature: _____ **Date** _____

GENERAL COMMERCIAL DATA	
Occupancy Group(s):	Occupant Load(s):
Type(s) of Construction:	Fire Sprinklers: Yes <input type="checkbox"/> No <input type="checkbox"/>
WA STATE ENERGY CODE: If your project affects the building envelope, mechanical systems, and/or lighting, you must complete the appropriate WSEC forms.	
DEFERRED SUBMITTALS: All commercial building permits that will require associated plumbing, mechanical, fire sprinkler, and/or fire alarm permits are applied for separately.	
TI / CHANGE OF USE / NEW BLDG: Include TRAFFIC IMPACT worksheet	

MECHANICAL EQUIPMENT COUNTS (New and Relocated)			
	BTUs	Gas / Elec / Other	Qty
A/C Unit /Compressor			
Air Handler /VAV			
Boiler			
Dryer Duct			
Exhaust Fans			
Fireplace			
Furnace			
Heat Pump Unit			
Hydronic Heating			
Roof Top Unit (Provide elevations if a Commercial Bldg)			
Other:			

PLUMBING FIXTURE COUNTS (New, Relocated or re-piped)			
	Qty		Qty
Clothes Washer		Tub/ Showers	
Dishwasher		Backflow Device (RPBA, DCDA, AVB)	
Drinking Fountain		Pressure Reduction/ Regulator Valve	
Floor Drain/Sink		Refrigerator Water Supply	
Hose Bibs		Water Heater - Tankless? Y or N	
Hydronic Heat		Water Service Line	
Sinks		Other:	
Toilets		Other:	

GAS/FUEL CONNECTION COUNTS (New, Relocated or re-piped)					
	BTUs	Qty		BTUs	Qty
A/C Unit			Outdoor BBQ / Fire pit		
Boiler			Stove/Range/Oven		
Dryer			Water Heater		
Fireplace/ Insert			Other:		
Furnace			Other:		

MEDICAL GAS, AIR VACUUM COUNTS (New, Relocated or re-piped)			
	Qty		Qty
Carbon Dioxide		Nitrous Oxide	
Helium		Oxygen	
Medical Air		Other:	
Medical - Surgical Vacuum		Other:	

DEMOLITION	
Type of structure to be demolished:	
Square footage of structure to be demolished:	
AHERA Survey done? Y / N	PSCAA Case #:
Critical Areas Determination: Study Required <input type="checkbox"/> Conditional Waiver <input type="checkbox"/> Waiver <input type="checkbox"/>	

TANK	
Fill in Place <input type="checkbox"/>	Fill Material: _____
Removal <input type="checkbox"/>	Size of Tank (Gallons) _____
Critical Areas Determination: Study Required <input type="checkbox"/> Conditional Waiver <input type="checkbox"/> Waiver <input type="checkbox"/>	

GRADE/FILL/EXCAVATE	
Grading: Cut _____ cubic yards	
Fill _____ cubic yards	
Cut / Fill in Critical Area: Yes <input type="checkbox"/> No <input type="checkbox"/>	

GENERAL PROVISIONS
APPLICATIONS: Applications are valid for a maximum of 1 year. ESLHA Applications, 2 years.
LICENSING: All contractors and subcontractors are required to be licensed with Washington State Department of Labor & Industries and have a current City of Edmonds Business License.