



BUILDING PERMIT APPLICATION

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

For handouts, submittal requirements go to: www.edmondswa.gov.

To apply for permits, schedule inspections, or check application status go to: www.mybuildingpermit.com

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

Job Site Address: _____

Parcel: _____

Lot /Unit/Suite #: _____ Subdivision: _____

BUSINESS OR 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)

Accessory Structure/ Detached Garage	Addition
Demolition	Mechanical
New Single Family/Duplex	Plumbing
Fire Sprinkler	Remodel
New Commercial/Mixed Use	Re-Roof
Signs	Tank
Tenant Improvement	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	Unfinished
1st Floor, sq ft:		
2nd Floor, sq ft:		
Garage/Carport:, sq ft:		
Deck/Covered Porch/Patio:		
# of NEW Bedrooms:		# of NEW Bathrooms:

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 No	
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		Conditional Waiver		Waiver	
TANK					
Fill in Place		Fill Material: _____			
Removal		Size of Tank (Gallons) _____			
Critical Areas Determination:					
Study Required		Conditional Waiver		Waiver	
GRADE/FILL/EXCAVATE					
Grading: Cut _____ cubic yards					
Fill _____ cubic yards					
Cut / Fill in Critical Area: Yes No					
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.					