



# RESIDENTIAL BUILDING PERMIT APPLICATION

Form last  
updated on  
May 1, 2011

**Physical Address:**

Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 East Main Street

**Mailing Address:**

25 West Main Street  
Auburn, WA 98001-4998

**Webpage & Email:**

[www.auburnwa.gov](http://www.auburnwa.gov)  
[permitcenter@auburnwa.gov](mailto:permitcenter@auburnwa.gov)

**Phone and Fax:**

Phone: 253-931-3090  
Fax: 253-804-3114

**PROJECT INFORMATION****Check all that apply:**

☐ New Construction    ☐ Demo    ☐ Addition    ☐ Alteration    ☐ Mobile Home Setup

Is this a new home that will be built off a stock plan? ☐ Yes ☐ No    If yes, house plan #: \_\_\_\_\_

Also, please provide a copy of the roof drip line profile for the proposed structure (this should match the roof drip line profile that was approved with the stock plan).

Project Valuation (do not include cosmetic improvements such as paint and carpet) \$ \_\_\_\_\_

Are you deferring impact fees or utility system development charges: ☐ Yes ☐ No

**Permit Number #****Parent Permit #**

Job site address: \_\_\_\_\_ Zip \_\_\_\_\_ Lot # \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Parcel # \_\_\_\_\_

For Condominiums – Building Name: \_\_\_\_\_ Unit # \_\_\_\_\_

For Mobile/Manufactured Homes – Park Name: \_\_\_\_\_ Space # \_\_\_\_\_

**Received:**

**Scope of Work:** \_\_\_\_\_

**Deferred Submittals (check all that apply):**☐ Mechanical☐ Plumbing**OWNER**

**Name:** \_\_\_\_\_

☐ Check this box if this is the primary contact

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**CONTRACTOR**

**Company Name:** \_\_\_\_\_

☐ Check this box if this is the primary contact

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**City of Auburn Business License #: BUS** \_\_\_\_\_

**Washington State Lic. #:** \_\_\_\_\_

**ARCHITECT**

**Company Name:** \_\_\_\_\_

☐ Check this box if this is the primary contact

**Architect:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**ENGINEER**

**Company Name:** \_\_\_\_\_

☐ Check this box if this is the primary contact

**Engineer:** \_\_\_\_\_

**ID#** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

BUILDING/FIRE					
	Existing Sq. Ft.	New Sq. Ft.		Existing Sq. Ft.	New Sq. Ft.
Basement:	_____	_____	Garage:	_____	_____
1 <sup>st</sup> Floor:	_____	_____	Covered Deck:	_____	_____
2 <sup>nd</sup> Floor:	_____	_____	Covered Porch:	_____	_____
3 <sup>rd</sup> Floor:	_____	_____	Uncovered Deck:	_____	_____
Total:	_____	_____	Other:	_____	_____
TYPE OF CONSTRUCTION: _____				Number of Bedrooms: _____	
Is there a Change in Use <input type="checkbox"/> Yes <input type="checkbox"/> No				Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	
ROOFING: Replace Sheathing <input type="checkbox"/> Yes <input type="checkbox"/> No		Overlay <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Squares: _____	
MECHANICAL (indicate the number of each new and/or relocated fixture type in the space below)					
	Air Conditioner/Heat Pump		Gas Cook Top		Wall Heater
	Fans – stationary, incl. whole house		Gas Dryer		Vents/Single Ducts
	Fireplace insert		Gas Piping (# of outlets)		Water Heater
	Furnace < 100,000 BTUs		Gas Stove/Range		Other: _____
	Other: _____		Other: _____		<b>Total # of Fixtures:</b> _____
PLUMBING (indicate the number of each new and/or relocated fixture type in the space below)					
	Bathtub		Toilet		Water Service – If yes, indicate size of pipe: _____
	Shower/Tub Combo		Water Heater		
	Clothes Washer		Kitchen/Bath/Laundry Sink		
	Dishwasher		Modular Building Connection		
	Hose Bibb		Other: _____		<b>Total # of Fixtures:</b> _____
ADDITIONAL INFORMATION					
<b>HALF STREET IMPROVEMENTS:</b> <input type="checkbox"/> Required Half Street Improvements have already been completed. <input type="checkbox"/> Required Half Street Improvements have not been completed and are proposed to be completed as part of this development. <input type="checkbox"/> Required Half Street Improvements have not been completed and are proposed to be deferred to a later time.					
<b>USE OF OTHER PROPERTIES:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Does the proposed development activity rely upon the use of other properties (e.g. easements across another property). If you check yes, please provide a copy of the legal document that indicates that the other property may be used to serve the proposed development. Also, please depict this information on any site plan drawings that are attached to this application.					
<b>IS THE PROPERTY WITHIN A FLOOD HAZARD AREA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>APPLICANT (check one of the following):</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Agent			
I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.					
_____ <b>Print Name</b>		_____ <b>Signature</b>		_____ <b>Date</b>	