CITY OF BUCKLEY

COMMERCIAL BUILDING APPLICATION

BUILDING ☐   PLUMBING ☐   MECHANICAL ☐

ASSESSOR'S PARCEL NO. _____

OWNER'S NAME _____   PHONE _____

OWNER'S MAILING ADDRESS_____   SITE ADDRESS _____

_____

LIST EXISTING BUILDINGS ON PROPERTY _____

CONTRACTOR'S NAME _____   PLUMBING CONTRACTOR _____

CONTRACTOR'S ADDRESS _____   MECHANICAL CONTRACTOR _____

CITY, STATE, ZIP _____

CONT. LICENSE # _____ EXPIRES_____CONTRACTOR'S PHONE_____

PROPOSED BUILDING & TYPE OF USE _____

OCCUPANCY GROUP _____   TYPE OF CONSTRUCTION _____

TYPE OF HEAT: ☐ GAS ☐ ELECTRIC ☐ OTHER _____   ENERGY CODE PATH (CIRCLE ONE)   CHPT 4   CHPT 5   CHPT 6

EXISTING SQ. FTG: _____/_____/_____/_____/_____/_____
                   MAIN FLOOR   SECOND FLOOR   BASEMENT   GARAGE   CARPORT   DECK/PORCH

NEW SQ. FOOTAGE:_____/_____/_____/_____/_____/_____
                  MAIN FLOOR   SECOND FLOOR   BASEMENT   GARAGE   CARPORT   DECK/PORCH

BLDG HEIGHT: _____   NO. OF STORIES: _____   FIRE SPRINKLERS: ☐YES ☐NO   # OF BEDROOMS _____   # OF BATHROOMS _____

☐ NEW RESIDENCE   ☐ NEW BUSINESS   ☐ DECK/PORCH   ☐ REMODEL   ☐ ACC. BLDG.   ☐ MANUFACTURED

☐ ADDITION   ☐ TENANT IMPROVEMENT   ☐ GARAGE/CARPORT   ☐ OTHER _____

☐ **FOR DEMOLITION PERMIT GOOD FAITH INSPECTION PROVIDED**

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. IRC 105.5

OWNER/AGENT _____   DATE _____

MISCELLANEOUS APPROVAL
BLDG. SITE ELEVATION _____
LOWEST FLOOR ELEV. _____

SEWER AVAILABILITY LETTER ☐
WATER AVAILABILITY LETTER ☐
SCHOOL IMPACT FEES ☐

VALUATION.......................................$_____
BUILDING PERMIT FEE.....................$_____
PLAN CHECK FEE..............................$_____
KNOX BOX...$_____
MECHANICAL.....................................$_____
PLUMBING..$_____
STATE BUILDING CODE FEE............$_____
ENERGY CODE FEE............................$_____
UTILITY'S, PARK & STREET FEES.....$_____
                          TOTAL FEES $_____
PAYMENT DATE _____PAYMENT $_____
                          BALANCE DUE $_____

CITY OF BUCKLEY 811 MAIN ST.   PO BOX 1960   BUCKLEY WA 98321 PHONE (360)761-7810
permits@cityofbuckley.com