

CITY OF BUCKLEY

RESIDENTIAL 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 _____

MANUFACTURED HOME _____ / _____ / _____ / _____ / _____ / _____
MAKE MODEL YEAR SERIAL NO. INSTALLERS LIC. NO. LENGTH & WIDTH

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 _____

TO BE FILLED OUT BY APPLICANT

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 \$ _____

FOR OFFICIAL USE ONLY



City of Buckley

P.O. Box 1960 ♦ Buckley, WA 98321 ♦ (360) 829-1921 ext. 7801

Water Use Questionnaire

Water Customers

Address: _____

Date: _____

The purpose of this questionnaire is to help determine if you have any special plumbing or activities that may pose an increased risk of contamination to the water distribution system. Please respond by checking the appropriate box below:

Yes	No	Plumbing or Activity Present on Premises
		Underground Landscape (Irrigation) Sprinkler System
		Water Treatment System (e.g. Water Softener)
		Solar Heating System
		Fire Sprinkler System
		Other Water Supply (e.g. Well, Spring etc.) (whether or not connected to plumbing system)
		Sewage Pumping Facilities or Grey Water System
		Boat Moorage with Water Supply
		Hobby Farms or Animal Watering Troughs
		Swimming Pool or Spa
		Greenhouse or Decorative Pond
		Photo Lab or Dark Room
		Home-Based Business. If Yes, Type of Business: _____
		Type of Commercial Business

BY: _____

Date: _____

Please return the completed questionnaire along with your Building Permit Application

If you have checked “Yes” to any of the above, we will contact you to request further information. Your cooperation in completing this questionnaire is most appreciated.

If you have any questions, please contact Chris Banks at 253-261-6788