

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 _____
 BUILDER'S NAME _____ PLUMBING CONTRACTOR _____
 BUILDER'S ADDRESS _____ MECHANICAL CONTRACTOR _____
 CITY: STATE: ZIP: _____
 CONT. LICENSE# _____ EXPIRES _____ BUILDER'S PHONE _____

PROPOSED BUILDING & TYPE OF USE _____
 MANUFACTURED HOME _____
 MAKE _____ MODEL _____ YEAR _____ SERIAL NO. _____ INSTALLERS LIC. NO. _____ LENGTH & WIDTH _____

TYPE OF HEAT: GAS ELEC. OTHER _____ ENERGY CODE PATH (circle one) CHPT. 4 CHPT. 5 CHPT. 6

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

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

BUILDING HEIGHT _____ NO. OF STORIES: _____ FIRE SPRINKLERS: YES NO NO. OF BEDROOMS _____ NO. OF BATHROOMS _____
 NEW RESIDENCE NEW BUSINESS DECK/PORCH REMODEL ACC. BLDG. MANUFACTURED
 ADDITION TENANT IMPROVMENT GARAGE/CARPORT OTHER _____

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 may be returned to the applicant or destroyed by the building official. Sec. 106.4.4 U.B.C

OWNER/AGENT _____ DATE _____

SUBDIVISION _____	VALUATION.....\$ _____
SCHOOL DISTRICT _____	BUILDING PERMIT FEE.....\$ _____
LOT _____	PLAN CHECK FEE.....\$ _____
LOT SIZE _____	KNOX BOX.....\$ _____
SECTION _____ TOWN _____ RANGE _____	MECHANICAL.....\$ _____
OCCUPANCY GROUP _____	PLUMBING.....\$ _____
	STATE BUILDING CODE FEE.....\$ _____
	ENERGY CODE FEE.....\$ _____
	UTILITY'S, PARK & STREET FEES.....\$ _____
	TOTAL FEES \$ _____
TYPE OF CONSTRUCTION _____	PAYMENT DATE _____ PAYMENT \$ _____
	BALANCE DUE \$ _____

BUILDING APPROVED	MISCELLANEOUS APPROVAL	PLANNING APPROVAL
CORRECTIONS REQUIRED _____	BLDG. SITE ELEVATION _____	ZONING _____
APPROVED AS REVISED _____	LOWEST FLOOR ELEV. _____	SEPA _____
APPROVED _____	SEPTIC/SEWER REQD. _____	SETBACKS FRONT _____
_____	WATER SYS. APP. _____	REAR _____
_____	SCHOOL DISTRICT _____	SIDE _____
_____		CORNER _____
		APPROVED _____

TO BE FILLED BY APPLICANT

FOR OFFICIAL USE ONLY