

COMMERCIAL BUILDING PLUMBING & MECHANICAL

Permit Application



3715 Bridgeport Way W
University Place, WA 98466
PH: (253) 566-5656 FAX: (253) 460-2541

PLEASE REFER TO THE COMMERCIAL BUILDING CHECKLIST FOR SUBMITTAL REQUIREMENTS.

BUILDING **TI** **DEMO** **PLUMBING** **MECHANICAL** (with W.S.E.C. forms)

OFFICE USE ONLY

BLD	DEM	PLM	MEC	PRE-TREATMENT?
PROJECT ADDRESS (Street, City, State, Zip):			Parcel #:	
Project Name:			PROJECT VALUATION: \$	
TENANT:			Phone:	Fax:
APPLICANT:			Phone:	Fax:
Address (Street, City, State, Zip):			E-Mail Address:	
PROPERTY OWNER:			Phone:	Fax:
Address (Street, City, State, Zip):			E-Mail Address:	
LENDING AGENCY:			Phone:	Fax:
Address (Street, City, State, Zip):			E-Mail Address:	
CONTRACTOR*:			Phone:	Fax:
Address (Street, City, State, Zip):			License #/Exp Date:	

*Contractor must have a valid City of University Place business license prior to doing work in the City. Contact the Business Licensing Office @ (253)566-5656.

PROJECT DESCRIPTION: _____

PROPOSED CONSTRUCTION SQUARE FOOTAGE:

(Building Area sq. ft. or Tenant sq. ft.)

<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement	1 ST Floor: _____ 2 ND Floor: _____ 3 RD Floor: _____	Is the building sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No Occupancy Type: _____ Type of Construction: _____
--	--	---

I hereby certify that the information provided is correct and that the construction on the above-described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the State of Washington and the University Place Municipal Code.

Print Name: _____ Owner Agent/Other (specify): _____
 Signature: _____ Date: _____