

# COMMERCIAL BUILDING PLUMBING & MECHANICAL

## *Permit Application*



3609 Market Place W, Suite 200  
University Place, WA 98466-4488  
PH: 253.566.5656

*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?
<b>PROJECT ADDRESS (Street, City, State, Zip):</b>			Parcel #:	
Project Name:			<b>PROJECT VALUATION: \$</b>	
<b>TENANT:</b>			Phone:	Fax:
<b>APPLICANT:</b>			Phone:	Fax:
Address (Street, City, State, Zip):			E-Mail Address:	
<b>PROPERTY OWNER:</b>			Phone:	Fax:
Address (Street, City, State, Zip):			E-Mail Address:	
<b>LENDING AGENCY:</b>			Phone:	Fax:
Address (Street, City, State, Zip):			E-Mail Address:	
<b>CONTRACTOR*:</b>			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 <sup>ST</sup> Floor: _____ 2 <sup>ND</sup> Floor: _____ 3 <sup>RD</sup> Floor: _____	Is the building sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No Occupancy Type: _____ Type of Construction: _____
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*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: \_\_\_\_\_