



Address:
100 3rd Ave SE
Pacific, WA 98047

Phone:
Ph: (253) 929-1110

Website / Email
www.pacificwa.gov
permits@pacificwa.gov

COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT INFORMATION <i>(must be completed)</i>	OFFICE USE ONLY
Check all that apply: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement For Tenant Improvements: <input type="checkbox"/> New Tenant <input type="checkbox"/> Existing Tenant Project Valuation <i>(exclude cosmetic items such as paint & carpet)</i> \$ _____ Job Site Address: _____ Parcel #: _____ Complex Name: _____ Building #: _____ Suite #: _____ Tenant Name: _____ Tenant's City Bus Lic #: _____ SCOPE OF WORK: _____ _____ _____ For Roofing: # of squares: _____ # of layers: _____ Torchdown? <input type="checkbox"/> Yes <input type="checkbox"/> No	PERMIT #: PARENT PERMIT #: DATE RECEIVED:
PROPERTY INFORMATION <i>(must be completed)</i>	
Is the property within a flood hazard area? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property served by an on-site septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Health Department Approval is attached from: <input type="checkbox"/> King Co <input type="checkbox"/> Pierce Co Fire Sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OWNER <input type="checkbox"/> Check this box if this the primary contact	CONTRACTOR <input type="checkbox"/> Check this box if this the primary contact
Name: _____ <input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Email: _____ Phone: _____	Company Name: _____ Contact: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ UBI#: _____ Pacific Bus Lic #: _____
ARCHITECT <input type="checkbox"/> Check this box if this the primary contact	ENGINEER <input type="checkbox"/> Check this box if this the primary contact
Company Name: _____ Architect: _____ WA State ID #: _____ Exp. Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	Company Name: _____ Engineer: _____ WA State ID #: _____ Exp. Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____
APPLICANT REPRESENTATIVE <i>(if not listed above)</i>	
On behalf of: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Engineer Company Name: _____ Representative Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone: _____	

BUILDING / FIRE *(must be completed)*

Type of Construction: _____ Zoning Designation: _____ Modular Building: Yes No
(i.e. IA, IB, IIA, IIB, IIIB, IV, VA, VB) **Parking** Change of Use: Yes No
 Number of Stories: _____ Number Required: _____ Vacant Site: Yes No
 Building Height: _____ Number Provided: _____ **FIRE**
 Building/Tenant Sq. Ftg: _____ Accessible Spaces: _____ Sprinklers Req'd: Yes No
 Conditioned Space Ftg: _____ Number of Dwellings: _____ Sprinklered Area Sq. Ftg _____
 Natural Gas to Site? Yes No Power to Site? Yes No Fire Alarms: Yes No

Will there be a change in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mixed Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Existing Use: _____	Occupancy Classification _____, _____ sf
If yes, Proposed Use: _____	Occupancy Classification _____, _____ sf
Proposed Occupancy Load: _____	Occupancy Classification _____, _____ sf

SPECIAL TESTING AND/OR INSPECTIONS *(must be completed)*

Will this project require any special testing or inspections? Yes No
 If yes, please include the *City of Pacific Special Inspection and Testing Agreement*.

ADDITIONAL INFORMATION *(must be completed)***HALF STREET IMPROVEMENTS:**

- Required Half Street Improvements have already been completed
- Required Half Street Improvements have not been completed and are proposed to be completed as part of this development.
- Required Half Street Improvements have not been completed and are proposed to be deferred at a later time.

USE OF OTHER PROPERTIES:

Yes No Does the proposed development activity rely upon the use of other properties (e.g. easements across another property)? If yes, please provide a copy of the legal document that indicates that the other property may be used to serve the proposed development. This information must be depicted on any site plan drawings that are part of this application.

I hereby certify that I have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. Any permit issued in error may be revoked at any time by the Building Official, per IBC [A] 105.6

SIGNATURE_____
PRINTED NAME_____
DATE