



# COMMERCIAL BUILDING PERMIT APPLICATION

Form updated  
March 2017

Physical Address:

Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 East Main Street

Mailing Address:

25 West Main Street  
Auburn, WA 98001-4998

Webpage & Email:

[www.auburnwa.gov](http://www.auburnwa.gov)  
[permitcenter@auburnwa.gov](mailto:permitcenter@auburnwa.gov)

Phone and Fax:

Phone: 253-931-3090  
Fax: 253-804-3114

## PROJECT INFORMATION

**Check all that apply:**  New Construction  Addition  Tenant Improvement (TI)  
For Tenant Improvements:  New Tenant  Existing Tenant  
Cannabis Facility?  Yes  No Operating As:  Producer  Processor  Retailer  
Project Valuation (do not include cosmetic improvements such as paint and carpet) \$ \_\_\_\_\_  
Are you deferring impact fees or utility system development charges:  Yes  No

Permit Number #

Parent Permit #

Job site address: \_\_\_\_\_ Parcel # \_\_\_\_\_  
Complex Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Suite # \_\_\_\_\_  
Tenant Name: \_\_\_\_\_ Tenant's Auburn Business License # \_\_\_\_\_

Received:

Scope of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
For Roofing: # of Squares: \_\_\_\_\_ # of Layers: \_\_\_\_\_ Torchdown:  Yes  No

Deferred Submittals (check all that apply):

- Mechanical
- Plumbing
- Fire

**OWNER**  Check if this is the primary contact

**CONTRACTOR**  Check if this is the primary contact

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
City of Auburn Business License #: BUS \_\_\_\_\_  
State License #: \_\_\_\_\_ UBI #: \_\_\_\_\_

**ARCHITECT**  Check if this is the primary contact

**ENGINEER**  Check if this is the primary contact

Company Name: \_\_\_\_\_  
Architect: \_\_\_\_\_  
ID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Engineer: \_\_\_\_\_  
ID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**BUILDING/FIRE**

Type of Construction (IA, IB, IIA, IIB, IIIA, IIIB, IV, VA, VB): _____	Zoning Designation: _____	Modular Building <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories: _____	Parking: _____	Change of Use (Y/N): <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Height: _____	Number Required: _____	Vacant Site (Y/N): <input type="checkbox"/> Yes <input type="checkbox"/> No
Building/Tenant Sq. Footage: _____	Number Provided: _____	Fire: _____
Conditioned Space Footage: _____	Accessible Spaces: _____	Sprinklers Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Natural Gas to Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dwelling Units: _____	Sprinkled Area Sq. Footage: _____
	Power to Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No

Will there be a change in use (Y/N): _____	Mixed Occupancy (Y/N): _____
If yes, Existing Use: _____	Occupancy Classification _____, _____ Sq. Ft.
If yes, Proposed Use: _____	Occupancy Classification _____, _____ Sq. Ft.
Proposed Occupancy Load: _____	Occupancy Classification _____, _____ Sq. Ft.
	Occupancy Classification _____, _____ Sq. Ft.

**SPECIAL TESTING AND/OR INSPECTIONS**

**Will this project require any special testing or inspections:**  Yes  No

If yes, please include the City of Auburn "Agreement for Testing and Special Inspection" form which is available at [http://www.auburnwa.gov/Assets/PCD/AuburnWA/Docs/special\\_inspection\\_agreement2.pdf](http://www.auburnwa.gov/Assets/PCD/AuburnWA/Docs/special_inspection_agreement2.pdf)

**ADDITIONAL INFORMATION**

**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 you check yes, please provide a copy of the legal document that indicates that the other property may be used to serve the proposed development. Also, please depict this information on any site plan drawings that are attached to this application.

**IS THE PROPERTY WITHIN A FLOOD HAZARD AREA?**  Yes  No

**APPLICANT REPRESENTATIVE** (If not listed on Page 1)

On behalf of:  Owner  Contractor  Architect  Engineer

Company Name: \_\_\_\_\_ Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**POST PROJECT DEBRIEF**

As part of our ongoing process improvement efforts, Community Development and Public Works would be interested in meeting with the Applicant and/or their representatives after project completion to gain feedback and insight.

Would you be willing to attend a project debrief meeting and share your experience?  Yes  No