



CONSTRUCTION PERMIT APPLICATION

Form updated Jul 2018

Physical Address:
Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address:
25 W Main St
Auburn, WA 98001-4998

Webpage & Email:
www.auburnwa.gov
permitcenter@auburnwa.gov

Phone and Fax:
Phone: (253) 931-3010
Fax: (253) 804-3114

PROJECT INFORMATION

JOB NUMBER _____
LOCATION OF WORK _____
PARCEL NUMBER *(required if work is associated with an adjacent parcel)* _____

Permit Number

DESCRIPTION OF WORK

CHECK ALL THAT APPLY:

PURPOSE: NEW MAINT REPAIR WTR SWR GAS TEL ELE CTV OTH **TYPE:** U/G AERIAL
SCOPE OF WORK: _____

LENGTH OF EXCAVATION: _____ **ESTIMATED DAYS IN RIGHT-OF-WAY (REQUIRED):** _____

APPLICANT Mail Permit to this address

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

CONTRACTOR Mail Permit to this address

COMPANY NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ **EMAIL ADDRESS:** _____
STATE UBI NUMBER: _____ **CITY BUSINESS LICENSE NUMBER:** _____

PRE-CONSTRUCTION MEETING REQUESTED? YES NO *(MUST BE SCHEDULED 48-HOURS BEFORE JOB START)*

PROJECT CONTACT: _____ **COMPANY/TITLE:** _____
SIGNATURE: _____ **DATE:** _____

(For Staff Use Only)

CONDITIONS: _____
FEE INFO: BASE FEE: \$154.50 + Hrly: \$54x _____ After Hrs: \$80x _____ Add'l Fee: Lineal Ft _____ **PERMIT FEE**
APPROVED TO ISSUE YES NO _____ **REVIEWED BY:** _____ **DATE:** _____

APPLICATION EXPIRES 180 DAYS AFTER DATE SUBMITTED

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.

OWNER/AGENT: _____ **SIGNATURE:** _____ **DATE:** _____