



CONSTRUCTION PERMIT APPLICATION

Form updated April 2015

Physical Address: Auburn City Hall Annex, 2 nd Floor 1 East Main Street	Mailing Address: 25 West Main Street Auburn, WA 98001-4998	Webpage & Email: www.auburnwa.gov permitcenter@auburnwa.gov	Phone and Fax: Phone: 253-931-3090 Fax: 253-804-3114
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PROJECT INFORMATION	
JOB NUMBER _____	Permit Number
LOCATION OF WORK _____	
PARCEL NUMBER (required if work is associated with an adjacent parcel) _____	

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: \$150 plus Hrly: \$52x___ 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: _____