



SPECIAL PERMIT APPLICATION

SIDEWALK / DRIVEWAY / CURB&GUTTER

Form updated
April 2015

Physical Address:

Auburn City Hall Annex, 2nd 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

PROJECT INFORMATION

RESIDENTIAL COMMERCIAL VALUE OF CONSTRUCTION \$ _____

Permit Number

SITE ADDRESS _____

PARCEL NUMBER (required) _____

PROPERTY OWNER: _____ PHONE #: _____

ADDRESS: _____

APPLICANT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CONTRACTOR

COMPANY NAME _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

STATE UBI NUMBER: _____ CITY BUSINESS LICENSE NUMBER: _____

DESCRIPTION OF WORK

SCOPE OF WORK: _____

IS THIS WORK RELATED TO ANOTHER PERMIT? YES NO IF YES, PERMIT NUMBER: _____

LENGTH OF IMPROVEMENTS (BY LINEAR FEET):

SIDEWALK: _____ CURB & GUTTER: _____ DRIVEWAY: _____

Is this the only driveway for the property? YES NO
If no, how many driveways currently serve the property? _____

(FOR STAFF USE ONLY)

CONDITIONS _____

FEES: SIDEWALK \$ _____ CURB&GUTTER \$ _____ DRIVEWAY \$ _____ TOTAL:

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: _____