



# RESIDENTIAL BUILDING PERMIT APPLICATION

Form updated  
Nov 2016

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  Alteration  Mobile Home Setup

Is this a new home that will be built off a stock plan?  Yes\*  No If yes, house plan # \_\_\_\_\_

\*Provide a copy of the roof drip line profile for the proposed structure  
(this should match the roof drip line profile that was approved with the stock plan).

Project Valuation (exclude cosmetic improvements such as paint and carpet) \$ \_\_\_\_\_

Are you deferring impact fees or utility system development charges:  Yes\*\*  No

\*\*Fee Deferral Form must be completed and recorded before permit issuance.

Permit Number #

Parent Permit #

Job site address: \_\_\_\_\_ Zip: \_\_\_\_\_ Lot #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Parcel #: \_\_\_\_\_

For Condominiums – Building Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

For Mobile/Manufactured Homes – Park Name: \_\_\_\_\_ Space #: \_\_\_\_\_

Received:

Scope of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deferred Submittals  
(check all that apply):

Mechanical

Plumbing

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

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

City of Auburn Business License #: **BUS** - \_\_\_\_\_

UBI #: \_\_\_\_\_

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

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

Architect: \_\_\_\_\_

ID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Engineer: \_\_\_\_\_

ID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**BUILDING/FIRE**

|                        | Existing Sq. Ft. | New Sq. Ft. |                 | Existing Sq. Ft. | New Sq. Ft. |
|------------------------|------------------|-------------|-----------------|------------------|-------------|
| Basement:              | _____            | _____       | Garage:         | _____            | _____       |
| 1 <sup>st</sup> Floor: | _____            | _____       | Covered Deck:   | _____            | _____       |
| 2 <sup>nd</sup> Floor: | _____            | _____       | Covered Porch:  | _____            | _____       |
| 3 <sup>rd</sup> Floor: | _____            | _____       | Uncovered Deck: | _____            | _____       |
| Total:                 | _____            | _____       | Other:          | _____            | _____       |

TYPE OF CONSTRUCTION: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Is there a Change in Use  Yes  No Fire Sprinklers  Yes  No

**MECHANICAL (indicate the number of each new and/or relocated fixture type in the space below)**

|                 |       |                           |       |                            |       |
|-----------------|-------|---------------------------|-------|----------------------------|-------|
| A/C / Heat Pump | _____ | Furnace                   | _____ | Water Heater (Gas)         | _____ |
| Boiler          | _____ | Gas Piping (# of outlets) | _____ | Other:                     | _____ |
| Fans            | _____ | Vents                     | _____ | <b>Total # of Fixtures</b> | _____ |

**PLUMBING (indicate the number of each new and/or relocated fixture type in the space below)**

|                |       |                             |       |                            |       |
|----------------|-------|-----------------------------|-------|----------------------------|-------|
| Bathtub        | _____ | Lawn Sprinkler System       | _____ | Water Service              | _____ |
| Clothes Washer | _____ | Sinks: Kitchen/Bath/Laundry | _____ | Other:                     | _____ |
| Dishwasher     | _____ | Toilet                      | _____ | Other:                     | _____ |
| Hose Bibb      | _____ | Water Heater (Electric)     | _____ | <b>Total # of Fixtures</b> | _____ |

**ADDITIONAL INFORMATION****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 to 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 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: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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/contractor's full knowledge and consent.

\_\_\_\_\_  
**SIGNATURE** **PRINTED NAME** **DATE**