



# BUILDING PERMIT APPLICATION RESIDENTIAL

Updated  
Mar 2021

**Physical Address:**  
Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 E Main St

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

**Webpage & Application Submittal:**  
[www.auburnwa.gov](http://www.auburnwa.gov)  
[applications@auburnwa.gov](mailto:applications@auburnwa.gov)

**Phone and Email:**  
Phone: (253) 931-3090  
[permitcenter@auburnwa.gov](mailto:permitcenter@auburnwa.gov)

## 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?  No  Yes\* 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:  No  Yes\*\*

*\*\*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

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

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

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

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

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

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

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

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

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

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

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

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

UBI #: \_\_\_\_\_ Auburn Bus. Lic.#: **BUS** - \_\_\_\_\_

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

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

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

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

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

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

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

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**BUILDING**

	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:	_____	_____
<b>Total:</b>	_____	_____	Other:	_____	_____

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

Is the property served by an on-site septic system?  Yes  No  
 If Yes, Health Department Approval is attached from:  King  Pierce

Fire Sprinklers  Yes  No

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

Company Name: _____	Contact Person: _____
Address: _____	Phone: _____
Email: _____	Auburn Business License #: _____

Washington State Contractor's License #: \_\_\_\_\_

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

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

**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>	_____

**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: \_\_\_\_\_

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**



# OWNER LETTER OF AUTHORIZATION

Updated  
June 2019

**Physical Address:**  
Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 E Main St

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

**Webpage & Application Submittal:**  
[www.auburnwa.gov](http://www.auburnwa.gov)  
[applications@auburnwa.gov](mailto:applications@auburnwa.gov)

**Phone and Email:**  
Phone: (253) 931-3090  
[permitcenter@auburnwa.gov](mailto:permitcenter@auburnwa.gov)

**(A copy of this letter must be submitted for each property owner involved)**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of Washington as follows;

1. I am (*select one*)  the owner of the property that is the subject of the application or  the owner is a corporation, organization, or public agency and submitting this authorization is within the scope of my authority to act on that entity's behalf for the property located at \_\_\_\_\_ for the following scope of work \_\_\_\_\_.

2. All statements, answers, and information submitted with this application are true and correct to the best of my knowledge and belief.

3. I acknowledge that approval of this application may be subject to conditions as specified on the approval documents.

4. I agree to hold the City of Auburn harmless as to any claim (including costs, expenses and attorney's fees incurred in the investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Auburn, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

5. I hereby grant permission for representatives of the City of Auburn and any other Federal, State, or local unit of government with regulatory authority over the project to enter onto my property to inspect the property, take photographs, and post public notices as required in connection with review of this application and for compliance with the terms and conditions of permits and approvals issued for the project.

6. Regarding this application, the following individuals are appointed to act as my agent, or as the agent of the entity I represent: \_\_\_\_\_.

X \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City and State where signed**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Address**