



Address:
100 3rd Ave SE
Pacific, WA 98047

Phone & Email:
Ph: (253) 929-1110
permits@pacificwa.gov

Website:
www.pacificwa.gov

RESIDENTIAL BUILDING PERMIT APPLICATION

PROJECT INFORMATION (all areas in this section MUST be completed)

Check all that apply: ☐ New ☐ Addition ☐ Alteration *Future AFH?* Y ☐ N ☐ Mobile Setup

Project Valuation *(required)*

\$

Job Site Address: _____ Zip: _____ Lot #: _____

Subdivision Name: _____ Parcel #: _____

SCOPE OF WORK:

PERMIT NUMBER:

PARENT PERMIT #:

DATE RECEIVED:

For Roofing: # of squares:

of layers:

Torchdown? Y or N

PROPERTY INFORMATION

Is the property within a flood hazard area? ☐ Yes ☐ No

Is the property served by an on-site septic system? ☐ Yes ☐ No

If Yes, Health Department Approval is attached from: ☐ King Co ☐ Pierce Co

Fire Sprinklers? ☐ Yes ☐ No

OWNER REQUIRED

☐ Check box if applicant

Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

CONTRACTOR

☐ Check box if applicant. **DO NOT LEAVE BLANK**
If not hiring a contractor, indicate "Owner Build."

Company Name: _____
Contact: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____
UBI#: _____ Pacific Bus Lic #: _____

ARCHITECT

☐ Check box if applicant

Company Name: _____
Architect: _____
WA State ID #: _____ Exp. Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

ENGINEER

☐ Check box if applicant

Company Name: _____
Engineer: _____
WA State ID #: _____ Exp. Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

APPLICANT REPRESENTATIVE (if not listed above)

On behalf of: ☐ Owner ☐ Contractor ☐ Architect ☐ Engineer

Company Name: _____ Representative Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

BUILDING

	Existing Sq. Ft.	New Sq. Ft.		Existing Sq. Ft.	New Sq. Ft.
Basement			Garage		
1 st Floor			Covered Deck		
2 nd Floor			Covered Porch		
3 rd Floor			Uncovered Deck		
Total			Other: _____		

TYPE OF CONSTRUCTION _____

Number of Bedrooms Existing _____ New _____

PLUMBING *(New Residential Construction only. All other projects require submittal of a separate Plumbing Application)*

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

MECHANICAL *(New Residential Construction only. All other projects require submittal of a separate Mechanical Application)*

#	Fixture Type	#	Fixture Type	#	Fixture Type
	A/C - Heat Pump		Furnace BTUs:		Water Heater (Gas)
	Boiler		Gas Piping (# of outlets)		Other:
	Fans		Vents	Total # of Fixtures: _____	

SUBCONTRACTORS (REQUIRED)Are you hiring subcontractors? *(note: all contractors working in Pacific require a City Business License)* ☐ Yes ☐ No**PLUMBING CONTRACTOR**

Company Name: _____
 Contact Person: _____
 Phys. Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email Address: _____
 UBI / City Bus Lic: _____ / _____

MECHANICAL CONTRACTOR

Company Name: _____
 Contact Person: _____
 Phys. Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Email Address: _____
 UBI / City Bus Lic: _____ / _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. Any permit issued in error may be revoked at any time by the Building Official, per IBC [A] 105.6

SIGNATURE _____

PRINTED NAME _____

DATE _____