



City of Carnation
 4621 Tolt Ave ♦ PO Box 1238
 Carnation, WA 98014
 (425) 333-4192

COMBINED PERMIT APPLICATION

Permit #: _____

Date Received: _____

Date Issued: _____

To be Completed by Applicant

JOB ADDRESS:		PROJECT VALUATION : \$
OWNER:	MAILING ADDRESS:	PHONE #:
EMAIL ADDRESS:		
ARCHITECT/DESIGNER:	MAILING ADDRESS:	PHONE #:
EMAIL ADDRESS:		
CONTRACTOR:	MAILING ADDRESS:	STATE LICENSE NO:
PHONE #:	EMAIL ADDRESS:	
PERMIT FEES CONTACT:	EMAIL ADDRESS:	PHONE #:
LENDER:	<input type="checkbox"/> FINANCING VERIFICATION FORM ATTACHED	
TYPE OF CONSTRUCTION (CHECK ONE): <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL		
<input type="checkbox"/> INSTITUTIONAL		
TYPE OF PERMIT (CHECK ALL THAT APPLY): <input type="checkbox"/> BUILDING <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL		
<input type="checkbox"/> DEMOLITION <input type="checkbox"/> CHANGE OF USE <input type="checkbox"/> MANUF. HOME PLACEMENT <input type="checkbox"/> FENCE		
<input type="checkbox"/> DECK <input type="checkbox"/> SIGN <input type="checkbox"/> FIRE		
CLASS OF WORK (CHECK ONE): <input type="checkbox"/> NEW CONST. <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR		
<input type="checkbox"/> RECONSTRUCTION		
TAX PARCEL NUMBER:	SEE ATTACHED LEGAL DESCRIPTION: <input type="checkbox"/>	
BRIEF DESCRIPTION OF WORK:		
LIST FIXTURE TYPES AND QUANTITIES (FOR PLUMBING AND MECHANICAL):		

Work begun without valid permit subject to investigative fees equal to and in addition to cost of Permit

COMBINED PERMIT APPLICATION



City of Carnation
4621 Tolt Ave ♦ PO Box 1238
Carnation, WA 98014
(425) 333-4192

Permit #: _____

Date Received: _____

Date Issued: _____

LAND USE INFORMATION:

LAND USE ZONE: _____ MAX BLDG HEIGHT: _____ LOT SIZE: _____ LOT WIDTH: _____

FLOOR AREA RATIO: _____ TOTAL IMPERVIOUS SURFACE: _____ FEMA ZONE: _____

SETBACKS:

FRONT: _____ SIDE (INTERIOR/STREET): _____ SIDE (INTERIOR/STREET): _____ REAR: _____

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEGE.

SIGNATURE OF OWNER/CONTRACTOR OR AUTHORIZED AGENT DATE

BELOW IS FOR OFFICIAL USE

PLANNING APPROVALS:

Max Bld. Height _____ Floor Area Ratio _____ Total Impervious Surface _____

Setbacks: Front _____ Side (inter./street) _____ Side(inter./street) _____ Rear _____

Planning Signature and Conditions _____ *Date* _____

ENGINEERING & PUBLIC WORKS APROVALS:

Utility Plan _____ Erosion Control _____ Drainage Plan _____ Street Use _____

Street Frontage _____ Street Access _____

Public Works Signature and Conditions _____ *Date* _____

Engineering Signature and Conditions _____ *Date* _____

FIRE MARSHAL APPROVALS:

Signature and Conditions _____ *Date* _____



City of Carnation
 4621 Tolt Ave ♦ PO Box 1238
 Carnation, WA 98014
 (425) 333-4192

COMBINED PERMIT APPLICATION

Permit #: _____

Date Received: _____

Date Issued: _____

BUILDING:
Occupancy Group
Type of Construction
Number of Stories
Floor Area
Building Height
Occupancy Load
Valuation
Permit application is approved, subject to all laws and regulations in effect, and as noted on the APPROVED PLANS.
Approved by:
Sign
Print
Date
Conditions

FEES:		
	FEE TYPE	FEE
	BUILDING PERMIT	
	PLAN REVIEW	
	STATE SURCHARGE	
	OTHER:	
	SUBTOTAL	
MECHANICAL PERMIT		
NO.	ITEM	
	FORCED AIR HEAT BTU	
	FLOOR/WALL HEATER	
	BOILER OR HEAT PUMP	
	AIR COND./UNIT COOLER	
	VENT. SYS/EXHAUST HOOD	
	WOOD STOVE	
	OTHER:	
	SUBTOTAL	
PLUMBING PERMIT		
	WATER CLOSET/URINAL	
	SINK/FOUNTAIN	
	TUB/SHOWER	
	WASHER/DRYER	
	WTR HTR/FLOOR DRAIN	
	LAWN/FIRE SPRINKLER	
	GAS PIPING	
	POOL/HOT TUB	
	OTHER:	
	SUBTOTAL	
	TOTAL FEES	