COMBINED PERMIT APPLICATION



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

Permit #:	
Date Received:	
Date Issued:	

To be Completed by Applicant			
JOB ADDRESS:		PROJECT VALUA	ATION:\$
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:			THE STANDARD ATTACHED
	TOUR TRANSPORT		VERIFICATION FORM ATTACHED
TYPE OF CONSTRUCTION (CHE	, <u> </u>	☐ MULTI-FAMILY	☐ COMMERCIAL
TYPE OF PERMIT (CHECK ALL T	☐ INSTITUTIONAL THAT APPLY): ☐ BUILDING I	☐ PLUMBING	☐ MECHANICAL
·			
☐ DEMOLITION ☐ CHANG	SE OF USE MANUF. HOME F	PLACEMENT	☐ FENCE
□ DECK □ SIGN □	FIRE		
CLASS OF WORK (CHECK ONE)):	TION ALT	ERATION
	RECONSTRUCTION		
TAX PARCEL NUMBER:			SEE ATTACHED LEGAL DESCRIPTION:
BRIEF DESCRIPTION OF WORK:			
LIET FIVTUDE TVDES AND OUA	NTITIES (FOR PLUMBING AND MEC	SHAMICAL IV	
LIST FIXTURE LIFES AND WOAL	MITTES (FOR FLUMBING AND INLO	, MANICAL).	

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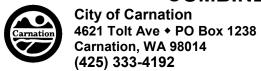


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LAND USE INFOR	MATION:		
LAND USE ZONE:	MAX BLDG HEIGHT	:LOT SIZE:	LOT WIDTH:
FLOOR AREA RA	TIO:TOTAL IMF	PERVIOUS SURFACE:	FEMA ZONE:
SETBACKS:			
FRONT:	SIDE (INTERIOR/STREET):	SIDE (INTERIOR/STRE	ET): REAR:
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEGE.			
SIGNATURE O	F OWNER/CONTRACTOR C		
	REVERSE	SIDE IS FOR OFFICIAL USE	∃
PLANNING APP	ROVALS:		
Max Bld. Height	Floor Area Ratio	Total Impervious Surface	
Setbacks: Front	Side (inter./street)	Side(inter./street)	Rear
Planning Signat	ture and Conditions		Date
ENGINEERING 8	& PUBLIC WORKS APROVA	ALS:	
Utility Plan	Erosion Control	Drainage PlanSt	reet Use
Street Frontage	Street Access	<u> </u>	
Public Works S	ignature and Conditions		Date
Engineering Sig	nature and Conditions		Date
FIRE MARSHAL	APPROVALS:		
Signature and (Conditions		Date

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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		