CITY OF ALGONA

APPLICATION FOR

Building Permit

200 Washington Boulevard

Algona, WA 98001

(253) 833.2897

|  |  |  |  |
| --- | --- | --- | --- |
| **Application #** |  | **Date Received** |  |
| **Amount Paid** |  | **Received By** |  |
| **Receipt #** |  | **Date Complete** |  |

PERMIT TYPE:

* New
* Fill/Grade
* Mechanical
* Plumbing
* Right-Of-Way
* Sewer
* Water
* Other
* Addition
* Alteration
* Demolition

PROPERTY OWNER INFORMATION

|  |  |
| --- | --- |
| **Legal Owner’s Name** |  |
| **Owner’s Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone #** |  | **Email** |  |  |
| I certify under the penalty of the laws of the State of Washington that I am the property owner of the property that is the subject matter of this application and I am authorizing to and hereby do consent to the filing of this application and acknowledge that the final approval by the City of Algona, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. |
| **Printed Name of Property Owner(s)** |  |
| **Signature of Property Owner(s)** |  |

APPLICANT INFORMATION (If different from property owner)

|  |  |
| --- | --- |
| **Applicant’s Name** |  |
| **Applicant’s Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone #** |  | **Email** |  |
| **Applicant’s Signature** |  |

PRIMARY CONTACT INFORMATION (If different from property owner)

|  |  |
| --- | --- |
| **Contact’s Name** |  |
| **Contact’s Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone #** |  | **Email** |  |

CONTRACTOR

|  |  |
| --- | --- |
| **Contractor** |  |
| **Contractor’s License #** |  |
| **Business License #** |  |
| **Contractor’s Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone #** |  | **Email** |  |
| **Contractor’s Signature** |  |

PROJECT TEAM

|  |  |
| --- | --- |
| **Architect** |  |
| **Architect’s Address** |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone #** |  | **Email** |  |
| **Engineer** |  |
| **Engineer’s Address**  |  |
| **City** |  | **State** |  | **Zip** |  |
| **Phone #** |  | **Email** |  |

PROPERTY INFORMATION

|  |  |
| --- | --- |
| **Address** |  |
| **Parcel Number(s)/** |  |
| **Acreage/Square Feet** |  | **Current Zoning** |  |
| **Current Use** |  |
| **Proposed Use** |  |
| **Outstanding Permit(s) Numbers** |  |

PROPOSAL INFORMATION

|  |  |
| --- | --- |
| **Scope****Please provide a thorough description of your proposed project.**  |  |
| **Valuation of Construction**Provide an engineer’s estimate of the cost of work. |  |
|  **Basement SF:\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Floor SF: \_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Floor SF: \_\_\_\_\_\_\_\_\_\_\_\_\_****Garage SF:\_\_\_\_\_\_\_\_\_\_\_\_\_ Porch SF: \_\_\_\_\_\_\_\_\_\_\_\_\_ Deck SF: \_\_\_\_\_\_\_\_\_\_\_\_\_****Total SF: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

PLUMBING (PLEASE INDICATE NUMBER OF NEW OR RELOCATED FIXTURES)

|  |
| --- |
| * **Bathtub:\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Shower: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Shower/Tub Combo:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Hot Water Tank: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Sink: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Clothes Washer:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Dishwasher:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Hose Bibb: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Backflow:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Toilet:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL FIXTURES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

PLUMBING (PLEASE INDICATE NUMBER OF NEW OR RELOCATED FIXTURES)

|  |
| --- |
| * **Furnace <100,000 BTU :\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Furnace > 100,000 BTU: \_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Gas Piping:\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Air Conditioner/Heat Pump:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Fans:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Fireplace Insert: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Vents:\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Wall Heater: \_\_\_\_\_\_\_\_\_\_\_**

**TOTAL FIXTURES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

FILL / GRADING

|  |  |
| --- | --- |
| **Type of Fill and/or Grade** |  |
| **Amount in cubic yards** |  |
| **Effect to Drainage** |  |

RIGHT-OF-WAY

|  |  |
| --- | --- |
| **Linear feet of work in ROW** |  |
| **Describe scope of work** |  |

CITY OF ALGONA

SUBMITTAL REQUIREMENTS FOR

Building Permit

1. **APPLICABILITY**

**Building Permit**

A Building Permit is required for new construction, additions, remodels, and demolitions. The requirements and procedures for all Building Permits is governed by Chapter 15.26 AMC.

### MINIMUM SUBMITTAL REQUIREMENTS

### The following items are the minimum initial submittal requirements for processing Building Permit:

* Completed and Signed Application Form and associated fee
* A copy of a Project Description
* Waiver and release form (only required with submittal of Development Agreement)
* One copy of the Construction Plans (please bookmark each page)
* Critical Areas Report (if applicable)
* Contractor’s License and Insurance
* Structural Calculations
* Geotechnical Report (if applicable)
* King County Health Department Approval (if applicable)
* Energy Code Compliance Forms
* Water and Sewer Availability Letter
* Phasing Plan (if applicable)
* Construction Staging Plan (if applicable)
* WAINES: If a mobile home is proposed, a Washington Installer’s Certification Number (WAINES) for the installer and the installer’s certification from the Washington State Department of Labor and Industries must accompany the building permit application.

**WASHINGTON’S LEAD RENOVATION RULE WAC 365-230 REQUIRES CERTIFICATION TO WORK**

**ON ANY RESIDENTIAL PROPERTIES OR CHILD-OCCUPIED FACILITIES BUILT BEFORE 1978. PLEASE CALL 360-586-5323 OR SEND AN EMAIL TO** **lbpinfo@commerce.wa.gov** **FOR COMPLIANCE DETAILS.**