



**Permit Center**  
 Location: 400 W. Gowe  
 Kent, WA 98032  
 (253) 856-5300  
[www.KentWA.gov/permitcenter](http://www.KentWA.gov/permitcenter)

# Residential Building Permit Application

(Single Family Residence or Duplex)

Check all that apply:

- |                                       |                                     |   |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Accessory Building |
| <input type="checkbox"/> Addition     | <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Deck/Covered Porch |
| <input type="checkbox"/> Alteration   | <input type="checkbox"/> Garage     | <input type="checkbox"/> Other              |

Rtg. Type	Tracking Number		
Permit Name			
Permit Type			
Date Submitted			
Projected Review Date			
Completed By			
Routing:	<input type="checkbox"/> BS	<input type="checkbox"/> PS	<input type="checkbox"/> PW <input type="checkbox"/> FD
# of Copies:			

Project Name: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

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

Project Valuation: \_\_\_\_\_

Describe the scope of work **in detail** : \_\_\_\_\_

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Building Owner	
Name:	
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Contractor	
Company Name:	
Contractor License #:	
Exp. Date:	UBI #:
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Architect	
Company Name:	
Architect Name:	
ID#:	Exp. Date:
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Engineer	
Company Name:	
Engineer Name:	
ID#:	Exp. Date:
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Designer/Consultant	
Company Name:	
Designer Name:	
Address:	
City:	State: Zip:
Phone(s):	E-mail:

Project Contact <small>(person receiving all project communications)</small>	
Company Name:	
Contact Person:	
Address:	
City:	State: Zip:
Phone(s):	Fax:
Email:	

**Building** Provide the building areas, in square feet, below.

Existing	Proposed by this Permit Application		
	New Building	Addition	Alteration
1st Floor			
2nd Floor			
Garage			
Covered Porch			
Deck			

Total No. of bedrooms: \_\_\_\_\_ No. of new residential units: \_\_\_\_\_ No. of stories proposed or existing: \_\_\_\_\_

Is this residence on septic or sewer? \_\_\_\_\_

Does this building have fire sprinklers throughout?  Yes  No

**Mechanical** Include all new and relocated mechanical equipment and gas piping for project. Equipment not listed will not be included on permit. Separate permit and fees will be required.

Quantity	Description	CFM	Max. Output Btu/h	% Efficiency
	50–99 CFM Fans			
	100 or > CFM Fans			
	Furnace			
	Fireplace			
	Gas Water Heater			
	Air Conditioner			
	Heat Pump			
	Gas Dryer			
	Gas Range			
	Gas Piping Outlets			

**Plumbing** Indicate the number of each new and relocated fixture type in the space provided.

Bathtub	Floor Drain	Laundry Sink	Electric Water Heater	Other:
Bathtub/Shower	Hand Sink	Service Sink	Water Service*	Repair:
Clotheswasher	Hose Bibb	Shower	Water Softener	Total Fixtures
Dishwasher	Kitchen Sink	Toilet		

\*All new residences require water service.

**Applicant:**  OWNER  OWNER'S AGENT  CONTRACTOR  CONTRACTOR'S AGENT

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 described on this permit application, the Washington State registered contractor responsible for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Application expires 180 days after date submitted.