



**Permit Center**

Location: 400 W. Gowe  
Mail to: 220 4th Avenue South • Kent, WA 98032-5895  
(253) 856-5300 FAX: (253) 856-6412  
www.KentWa.gov/permitcenter

# Testing Lab Information

This information must be supplied at the time of building permit submittal:

**Please Print in Black Ink Only**

**Project Name:** \_\_\_\_\_

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

**Name of Testing Lab:\*** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*Selection of the Testing Lab is final and owner shall retain test lab to conduct required special inspections.*

Name of Property Owner \_\_\_\_\_

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

Phone: \_\_\_\_\_

Name of Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Geotechnical Engineer: \_\_\_\_\_

Address:Phone: \_\_\_\_\_

Soils Report #: \_\_\_\_\_ Soils Report Date: \_\_\_\_\_

*The geotechnical engineer of record shall provide verification of soil design.*

I certify that I am: (check all that apply)

- Property Owner
- Building Owner
- Business Owner
- Agent of the Property Owner, but not the contractor
- Agent of the Building Owner, but not the contractor
- Agent of the Business Owner, but not the contractor

\_\_\_\_\_  
(Signature of Property/Building/Business Owner or Agent of Owner, excluding contractor)

\* May use any special inspection agency approved by Washington Association of Building Officials (WABO) for the type of inspection required.



\*BSD1052\*