



**Permit Center**  
 Location: 400 W. Gowe  
 Kent, WA 98032-5895  
 (253) 856-5300 FAX: (253) 856-6412  
 www.KentWA.gov/permitcenter

# Commercial Building Permit Application

## Check all that apply:

- New Building  
  Addition  
  Alteration  
  Mechanical  
 Plumbing  
  Racks (#of bays \_\_\_\_ )  
  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
# Copies:			

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

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

Business Park: \_\_\_\_\_ Building Number/Letter: \_\_\_\_\_

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

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

Building Owner			
Name:			
Manager/Contact Person:			
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 (person receiving all project communications)		
Company Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	
E-mail:		

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

	Existing	Proposed by this Permit Application		
		New Building	Addition	Alteration
1st Floor				
2nd Floor				
3rd Floor				
4th Floor				
Mezzanine				

No. of stories proposed or existing: \_\_\_\_\_ Type of construction: \_\_\_\_\_

Does this building contain hazardous materials over the exempt quantities specified in IBC Table 307.1(1) or 307.1(2)?  Yes  No  
 Does this building have fire sprinklers throughout?  Yes  No  
 Will the building footprint be increased?  Yes  No  
 Are there exterior modifications to building?  Yes  No

Will this change landscaping square footage?  Yes  No  
 Is this a change of Land Use?  Yes  No  
 Sensitive areas on or near site?  Yes  No  
 Increase or decrease in parking stalls?  Yes  No

Proposed Occupancies (circle one)			
Church (A)	Repair Shop (S or H)	Storage per IBC Sec 311 (S)	Institutional (I)
Daycare (E)	Restaurant (A or B)	High Hazard per IBC Sec 307 (H)	Theatre (A)
Factory & Industrial (F)	Retail (Mercantile) (M)	Utility & Miscellaneous per IBC Sec 312 (U)	Other:
Business (office) (B)	Educational (School) (E)	(includes garages/sheds)	_____

Is this a Change of Use?  Yes  No If Yes, what is current Occupancy Group? (See instruction sheet for more info.)

**Mechanical** All new and relocated mechanical equipment and gas piping to be listed below. Equipment not specifically listed on application will not be included on this permit. Separate permit, plans, and fees will be required. Add a second sheet if necessary.

Quantity	Description	Weight of Equipment	CFM	Max. Output Btu/h	% Efficiency
	Gas Piping Outlets				

**Plumbing** (indicate the number of each new and relocated fixture type in the space provided)

Bathtub	Floor Drain	Kitchen Sink	Shower	Urinal
Bathtub/Shower	Floor Sink	Laundry Sink	Toilet	Water Softener
Clotheswasher	Grease Trap**	Roof Drain	Electric Water Heater	Other:
Dishwasher	Hand Sink	Service Sink	Water Service*	Repair:
Drinking Fountain	Hose Bibb			TOTAL FIXTURES

\*All new buildings require water service.  
 \*\* Restaurants require grease traps or grease interceptor

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

\_\_\_\_\_  
 Date

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

**Application expires 180 days after date submitted**