



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

# Multi-Family Building Permit Application

(3 or more units per structure or multiple duplexes on single site)

**Check all that apply to this permit:**

- New Building  
  Addition  
  Alteration  
  Mechanical  
 Plumbing  
  Garage/Carport  
  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: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Building Letter/Number: \_\_\_\_\_ Number of Residential Units: \_\_\_\_\_

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

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

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

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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 <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				
3rd Floor				
4th Floor				
Deck/Covered Porch				
Garage/Carport				

Will this building have fire sprinklers throughout?  Yes  No

Number of stories proposed or existing: \_\_\_\_\_

Is this a change of Land Use?  Yes  No

How many parking stalls? \_\_\_\_\_

Sensitive areas on or near site?  Yes  No

How many of the above number of parking stalls are accessible? \_\_\_\_\_

Total number of bedrooms: \_\_\_\_\_

Proposed Occupancies			
a. Multi-Family structures with more than two residential units – R-2	b. Two-Family structure – R-3	d. Carport – U	f. Deck – U
	c. Garage – U	e. Utility Building – U	
Type of Construction _____			

**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.

Quantity	Description	CFM	Max. Output Btu/h	% Efficiency	Weight of Equipment
	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	Service Sink	Electric Water Heater	Repair:
Bathtub/Shower	Hand Sink	Shower	Water Service*	
Clotheswasher	Hose Bibb	Roof Drain	Water Softener	<b>TOTAL FIXTURES</b>
Dishwasher	Kitchen Sink	Toilet	Other:	
Grease Trap	Laundry Sink			

\*All new buildings 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.**