



Permit Center

Location: 400 W. Gowe
 Mail to: 220 4th Avenue S. • Kent, WA 98032-5895
 253-856-5300 FAX: 253-856-6412
 KentWA.gov/permitcenter

Rtg. Type RDBA	Tracking Number
Permit Name	
Permit Type	Basic
Date Submitted	
Projected Review Date	
Completed By	
Routing: <input checked="" type="checkbox"/> BS	

Residential Basic Application

Basic Name: _____

Project Valuation: _____

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

Contractor			
Company Name:			
Contractor ID#:	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 <i>(person receiving all project communications)</i>			
Company Name:			
Contact Person:			
Address:			
City:	State:	Zip:	
Phone(s):	E-mail:		

Building Provide the Building Areas, in Square Feet, below.

1st Floor	
2nd Floor	
Garage	
Covered Porch	
Uncovered Deck	
Other	

Total Number of Bedrooms: _____

Number of Stories (including Basement): _____

Does this building have fire sprinklers throughout? Yes No

Mechanical Include all mechanical equipment and gas piping for project.
All equipment must be included on permit.

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

Plumbing (indicate the number of each fixture type in the space provided)

Bathtub	Dishwasher	Kitchen Sink	Toilet	Other:
Bathtub/Shower Combo	Floor Drain	Laundry Sink	Electric Water Heater	
Bidet	Hand Sink	Service Sink	1 Water Service*	Repair:
Clotheswasher	Hose Bibb	Shower	Water Softener	
TOTAL FIXTURES				

*All new residences require water service.

The **projected review date** is our estimate of when we can conduct the initial plan review, assuming that the application and plans are clear, accurate and complete. The date is based on our experience with similar projects, current workloads and available plan review resources. If plan review reveals that corrections or additional information is needed, processing time will be extended proportionately. We will contact the project contact named for any additional information needed to process this application.

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. 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