



City of Lake Stevens
 1812 Main Street P.O. Box 257
 Lake Stevens, WA. 98258

Date of Application: _____
 Staff Initial: _____

Building Division
 (425)377-3235 (425)212-3327 fax

RESIDENTIAL

Building Permit Application

Site Address:	Permit Information		
Parcel Number:	1 & 2 Family Dwelling		
Parcel Information	<input type="checkbox"/> New Single Family Residence	<input type="checkbox"/> Basic Plan	
Owner of Property:	<input type="checkbox"/> New Duplex	<input type="checkbox"/> Model Home	
Mailing Address:	<input type="checkbox"/> Remodel/Addition		
City/State/Zip:	<input type="checkbox"/> Deck	<input type="checkbox"/> Fire Sprinkler	
Phone Number:	<input type="checkbox"/> Patio Cover		
Applicant Information	<input type="checkbox"/> Accessory Building	Use _____	
Name:	Miscellaneous		
Address:	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Fence	<input type="checkbox"/> Dock <input type="checkbox"/> Other
City/State/Zip:	Floor Area		
Phone Number:	Existing	New	
E-mail:			
Site Information	First Floor:		
Zoning:	Second Floor:		
Lot Square footage:	Third Floor:		
Sq Ft of Impervious Surface:	Semi Finished Area:		
% of Impervious Surface:	Deck:		
Section: Township: Range:	Garage:		
Plat:	Carport:		
Lot Number:	Other:		
Required Street Set Back:	Building Height:		
Required Rear Yard Setback:			
Required Side Yard Setback: Left: Right:	SEPA:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Critical Area Information	
a. Are you aware of any critical areas on your property? If yes provide documentation, if any.	Yes ____ No ____ Unknown ____
b. Are there any surface waters (including year-round seasonal streams, saltwater, lakes, ponds, bogs, fens, swamps, marshes)?	Yes ____ No ____ Unknown ____
c. Is there vegetation that is associated with wetlands?	Yes ____ No ____ Unknown ____
d. Have any wetlands been identified?	Yes ____ No ____ Unknown ____
e. Are there areas where the ground is consistently inundated or saturated with water?	Yes ____ No ____ Unknown ____

f. Are there any State or Federally listed sensitive, endangered or threatened species and habitats?	Yes ___ No ___ Unknown ___
g. Are there slopes of 15% or greater?	Yes ___ No ___ Unknown ___
h. Are there any landslide hazard areas?	Yes ___ No ___ Unknown ___
i. Is the project located within a Flood Hazard Zone?	Yes ___ No ___ Unknown ___
j. Is the project located within a Shoreline Jurisdiction?	Yes ___ No ___ Unknown ___

If you suspect that your site contains a stream or wetland or is adjacent to a lake; you may need a permit from the state or federal government.

Structure Information

Value of Construction:	Number of Buildings:
Type of Construction:	Occupancy Group:
Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No	Mixed Use <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of work:	

Building Designer

Name: _____	Telephone() _____
Address: _____	Fax () _____
City/State/Zip: _____	E-Mail _____

Structural Engineer

Name: _____	Telephone() _____
Address: _____	Fax () _____
City/State/Zip: _____	E-Mail _____

General Contractor

Name: _____	Telephone() _____
Address: _____	Fax () _____
City/State/Zip: _____	E-Mail _____
Contractor License # _____	City Business License # _____

This application is received by the Building Official under the provisions of the International Building/Residential Codes and shall expire by limitation and become null and void if permit is not obtained within 180 days of this application. By signing, I certify that I am the legal owner of the the property for which this application is issued or an authorized agent of the owner. All provisions of laws and ordinances governing this type of work will be compiled with whether specified herein or not including calls for inspections.

You may not begin any activity based on this application until a decision, including the resolution of any appeal, has been made. Conditions or restrictions may be placed on your permit if it is approved. After the City has acted on your application, you will receive notice of the outcome. If an appeal is filed, you may not begin any work until the appeal is settled. You may also need approvals from other agencies; please check this before beginning any activity.

I DECLARE UNDER PENALTY OF THE PERJURY LAWS THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

Signature of Property Owner/Agent

Date of Application

By affixing my signature I certify that I am the legal owner of the property for which this application is issued or an authorized agent of the owner.

Plumbing Contractor

Name: _____ Telephone() _____
 Address: _____ Fax () _____
 City/State/Zip: _____ E-Mail _____
 Contractor License # _____ City Business License # _____

Mechanical Contractor

Name: _____ Telephone() _____
 Address: _____ Fax () _____
 City/State/Zip: _____ E-Mail _____
 Contractor License # _____ City Business License # _____

Qty	Mechanical	Each	Office Use	Qty	Plumbing	Each	Office Use
1	Permit	\$ 35.00		1	Permit	\$ 35.00	
	Supplemental Pmt	\$ 15.00			Supplement Pmt	\$ 15.00	
	Gas piping 1-4 outlets	\$ 11.00			Water Service	\$ 10.00	
	Additional outlets	\$ 1.00			Back Flow Preventor	\$ 10.00	
	Ventilation Fan	\$ 10.00			Water Closet(toilet)	\$ 10.00	
	Forced Air System	\$ 18.00			Lavatory sinks	\$ 10.00	
	Gas Clothes Dryer	\$ 15.00			Bathtub	\$ 10.00	
	Manuf. Fireplace	\$ 18.00			Shower	\$ 10.00	
	AC Units-HP	\$ 20.00			Kitchen Sink	\$ 10.00	
	Heaters -Unit/wall	\$ 15.00			Dishwasher	\$ 10.00	
	Boilers HP	\$ 20.00			Clothes Washer	\$ 10.00	
	Range Hood(res)	\$ 15.00			Laundry Tray	\$ 10.00	
	Water Heater	\$ 15.00			Floor drain	\$ 10.00	
	Air Handlers	\$ 13.00			Sink(Service-bar)	\$ 10.00	
	Misc Appliance	\$ 15.00			Grease Trap	\$ 10.00	
					Sump Pump	\$ 10.00	
					Urinal	\$ 10.00	
					Roof Drains	\$ 10.00	
					Drinking fountains	\$ 10.00	
					Lawn Sprinkler	\$ 10.00	
					Refrig-Ice maker	\$ 10.00	
					Hose Bibs	\$ 10.00	
					Back Flow Preventor	\$ 10.00	
					Other	\$ 10.00	
	Total Fee				Total Fee		