



City of Lake Stevens
Planning and Community Development
 1812 Main Street • PO Box 257 • Lake Stevens, WA 98258
 Phone: (425) 622-9434 • www.lakestevenswa.gov
 For appointments: permits@lakestevenswa.gov or call (425) 622-9400

COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT ADDRESS: _____ PARCEL NO.: _____ <input type="checkbox"/> New <input type="checkbox"/> T.I. <input type="checkbox"/> Add/Alt <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Detention Vault <input type="checkbox"/> Other	FOR STAFF USE ONLY Permit Number: _____ Application Date: _____
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CONTACT INFORMATION

PRIMARY CONTACT PERSON Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail Address: _____	PROPERTY OWNER Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail Address: _____
CONTRACTOR Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail Address: _____ State Contractor's License #: _____ UBI #: _____	ENGINEER Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail Address: _____
TENANT Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail Address: _____	ARCHITECT Company: _____ Contact Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ E-mail Address: _____
DEFERRED SUBMITTALS <input type="checkbox"/> PLM <input type="checkbox"/> MEC <input type="checkbox"/> FIRE <input type="checkbox"/> RACKING <input type="checkbox"/> OTHER	

BUILDING INFORMATION

PROJECT DESCRIPTION: _____ _____ _____	VALUATION: \$ _____
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Occupancy type		Zoning		Floor 1 sq. ft.		Floor 4 sq. ft.	
Construction type		Building height		Floor 2 sq. ft.		Floor 5 sq. ft.	
Mixed Use	YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of dwelling units		Floor 3 sq. ft.		Total sq. ft.	

This application is received by the Building Official under the provisions of Lake Stevens Municipal Code and shall expire by limitation and become null and void if permit is not obtained within 180 days of this 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. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not; including requesting inspections prior to cover or use.

I certify that I have read and examined this application and know the same to be true and correct, and that if any of the information provided is incorrect, the permit or approval may be revoked.

 Enter or Sign Applicant's Name to Certify Application

 Date