



CITY OF TUKWILA
 Community Development Department
 Public Works Department
 Permit Center
 6300 Southcenter Blvd., Suite 100
 Tukwila, WA 98188
<http://www.TukwilaWA.gov>

Building Permit No. _____ Project No. _____ Date Application Accepted: _____ Date Application Expires: _____ (For office use only)

CONSTRUCTION PERMIT APPLICATION

Applications and plans must be complete in order to be accepted for plan review.
 Applications will not be accepted through the mail or by fax.
 Please Print

SITE LOCATION

King Co Assessor's Tax No.: _____

Site Address: _____ Suite Number: _____ Floor: _____

Tenant Name: _____ New Tenant: Yes ..No

PROPERTY OWNER		
Name:		
Address:		
City:	State:	Zip:

ARCHITECT OF RECORD		
Company Name:		
Architect Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

CONTACT PERSON – person receiving all project communication		
Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

ENGINEER OF RECORD		
Company Name:		
Engineer Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

GENERAL CONTRACTOR INFORMATION		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Contr Reg No.:	Exp Date:	
Tukwila Business License No.:		

LENDER/BOND ISSUED (required for projects \$5,000 or greater per RCW 19.27.095)		
Name:		
Address:		
City:	State:	Zip:

BUILDING PERMIT INFORMATION – 206-431-3670

Valuation of Project (contractor’s bid price): \$ _____ Existing Building Valuation: \$ _____

Describe the scope of work (please provide detailed information):

Will there be new rack storage?Yes .. No If yes, a separate permit and plan submittal will be required.

Provide All Building Areas in Square Footage Below

	Existing	Interior Remodel	Addition to Existing Structure	New	Type of Construction per IBC	Type of Occupancy per IBC
1 st Floor						
2 nd Floor						
3 rd Floor						
Floors _____ thru _____						
Basement						
Accessory Structure*						
Attached Garage						
Detached Garage						
Attached Carport						
Detached Carport						
Covered Deck						
Uncovered Deck						

PLANNING DIVISION:

Single family building footprint (area of the foundation of all structures, plus any decks over 18 inches and overhangs greater than 18 inches) _____

*For an Accessory dwelling, provide the following:

Lot Area (sq ft): _____ Floor area of principal dwelling: _____ Floor area of accessory dwelling: _____

*Provide documentation that shows that the principal owner lives in one of the dwellings as his or her primary residence.

Number of Parking Stalls Provided: Standard: _____ Compact: _____ Handicap: _____

Will there be a change in use? Yes No If “yes”, explain: _____

FIRE PROTECTION/HAZARDOUS MATERIALS:

.....SprinklersAutomatic Fire AlarmNoneOther (specify) _____

Will there be storage or use of flammable, combustible or hazardous materials in the building? YesNo

If “yes”, attach list of materials and storage locations on a separate 8-1/2” x 11” paper including quantities and Material Safety Data Sheets.

SEPTIC SYSTEM

.....On-site Septic System – For on-site septic system, provide 2 copies of a current septic design approved by King County Health Department.

PERMIT APPLICATION NOTES –

Value of Construction – In all cases, a value of construction amount should be entered by the applicant. This figure will be reviewed and is subject to possible revision by the Permit Center to comply with current fee schedules.

Expiration of Plan Review – Applications for which no permit is issued within 180 days following the date of application shall expire by limitation.

The Building Official may grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated. Section 105.3.2 International Building Code (current edition).

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON, AND I AM AUTHORIZED TO APPLY FOR THIS PERMIT.

BUILDING OWNER OR AUTHORIZED AGENT:

Signature: _____ Date: _____

Print Name: _____ Day Telephone: _____

Mailing Address: _____
City State Zip