ANSWER THE FOLLOWING QUESTIONS BY CHECKING EITHER YES OR NO.

FIRE DEPARTMENT INFORMATION

PLEASE CONTACT 425.556.2246 FOR ADDITIONAL INFORMATION OR QUESTIONS.

Flammable/combustible liquids	☐ YES	☐ NO
Hazardous materials	☐ YES	☐ NO
High piled storage	☐ YES	☐ NO
HPM Facilities	☐ YES	☐ NO
LP Gas store/handle/use/dispense	☐ YES	☐ NO
Places of assembly	☐ YES	☐ NO
Refrigeration equipment	☐ YES	☐ NO
Spraying & Dipping	☐ YES	☐ NO
Battery systems	☐ YES	☐ NO
Compressed gases	☐ YES	☐ NO
Cryogenics	☐ YES	☐ NO
Industrial ovens	☐ YES	☐ NO
Private fire hydrants	☐ YES	☐ NO
Smoke control systems	☐ YES	☐ NO
If yes - item #_____ Description _____		

PLANNING DEPARTMENT INFORMATION

PLEASE CONTACT 425.556.2494 FOR ADDITIONAL INFORMATION OR QUESTIONS.

Exterior modifications to building?	☐ YES	☐ NO
Change of land use? (RCDG)	☐ YES	☐ NO
Sensitive areas on or near site?	☐ YES	☐ NO
Building generates noise above 35 dBA?	☐ YES	☐ NO
Change in number of existing parking stalls?	☐ YES	☐ NO
Reducing landscaping square footage proposed?	☐ YES	☐ NO
Reroofing?	☐ YES	☐ NO
If yes - item#____ Description_____		

Building Application

☐ Commercial ☐ Multi-Family ☐ Mixed Use ☐ Change of Occupancy

City of Redmond WASHINGTON

Green Certification Level

LEED : ☐ Silver ☐ Gold ☐ Platinum

Type of Work:

☐ Accessory Structure ☐ Addition ☐ Exterior Alteration
☐ Garage ☐ Modular ☐ New ☐ Portable ☐ TI
☐ Remodel ☐ Residential Remodel ☐ Wireless Comm. Facility
☐ Awning ☐ Dock ☐ Fence ☐ Rack Storage ☐ Re-roof
☐ Retaining Wall ☐ Stormwater Vault ☐ Pool ☐ Tank

Office Use Only
Date: _____
BLDG: _____
ACCEPTED BY: _____

Site Location

Value of Construction: $ _____
Site address: _____
Tax parcel number: _____
Project name/Tenant: _____
Plat name/Lot number: _____
Property owner: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Lender Information ☐ N/A

Lender name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Applicant Information

Contact person: _____
Company name: _____
Mailing address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Detailed Description of work

_____
_____
_____
_____

Billing Contact (Same As)

☐ Applicant ☐ Owner ☐ Tenant ☐ Design Professional ☐ Contractor ☐ Other (Name) _____
Mailing Address _____
Phone: _____ E-mail: _____

General Contractor Information

Company name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
State contractor's license #: _____
Expiration date: _____
City of Redmond business license #: _____
E-mail: _____

Designed By ☐ Architect ☐ Engineer ☐ Other

Contact person: _____
Company name: _____
Mailing address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Fax: _____
E-mail: _____

Development Services Center, 15670 NE 85th St, Redmond, WA 98052 425.556.2473

Building Information

Automatic Sprinkler Required	☐ Yes ☐ No	Alarm	☐ Yes ☐ No
Automatic Sprinkler Provided	☐ Yes ☐ No	Hazardous Materials	☐ Yes ☐ No
Quick Response Throughout	☐ Yes ☐ No	Basement	☐ Yes ☐ No
Quick Response per Occupant	☐ Yes ☐ No	Change of Occupancy	☐ Yes ☐ No
Number of Stories	_____	Certificate of Occupancy Required	☐ Yes ☐ No
Special Conditions*	☐ Yes ☐ No	Fire Area	☐ Yes ☐ No

* If yes please explain:_____

_____

_____

Building Information for Proposed Work - Per IBC

Location*	Interior Remodel (SF)	New/Added (SF)	Type of Construction	Proposed Occupancy	# of occupants	Non-separated use?
Total						

Existing Building Information

Location*	Type of Construction	Occupancy	# of occupants	Square Footage	Original Code (IBC or UBC)	Original Code Year
Total						

*** Enter location by occupancy type (i.e. B, S-1, E, M, etc.) and by floor or suite number.**

***Value of Construction**: The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work or permanent equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section 109.3 of the International Building Code.

Expiration of Plan Review: Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section 105.3.2 of the IBC. No application shall be extended for a period of more than 180 days.

Building Owner or Authorized Agent

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: _____ ***Date:*** _____

Signature: _____

Existing Bldg (Sq Ft)_____	Proposed Bldg (Sq Ft)_____	
Additional (Sq Ft)_____	Area of Const (Sq Ft) _____	GIS#_____