



# PERMIT APPLICATION

## BUILDING / MECHANICAL / PLUMBING / SIGN / SPRINKLER / DEMOLITION

CITY OF EVERETT PERMIT SERVICES  
3200 CEDAR STREET, EVERETT, WA 98201  
(P) 425-257-8810 | FAX 425-257-8857 | (E) everetteps@everettwa.gov | www.everettwa.gov/permits

(Blue or Black Ink Only Please) PROJECT SITE INFORMATION

<b>PROJECT SITE ADDRESS:</b>	<b>PROPERTY TAX #:</b>
<b>LEGAL</b> for new construction: Short Plat/subdivision _____ Lot No. _____ (attach copy of long legal description)	

CONTACT INFORMATION

<b>OWNER NAME:</b>		<b>TENANT NAME (If Commercial):</b>	
<b>OWNER MAILING ADDRESS:</b> STREET _____			
CITY _____		STATE _____ ZIP _____	
<b>OWNER PHONE:</b>		<b>OWNER EMAIL:</b>	
<b>CONTRACTOR NAME:</b>			
<b>CONTRACTOR ADDRESS:</b> STREET _____			
CITY _____		STATE _____ ZIP _____	
<b>CONTRACTOR PHONE:</b>		<b>CONTRACTOR EMAIL:</b>	
<b>CONTRACTOR LICENSE #(REQUIRED):</b>		<b>CITY OF EVERETT BUSINESS LICENSE #(REQUIRED):</b>	
<b>PRIMARY CONTACT:</b> <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Please Specify) _____			
<b>CONTACT NAME:</b>		<b>CONTACT PHONE:</b>	
		<b>CONTACT EMAIL:</b>	

BUILDING PERMIT APPLICATION

Existing Use of Building:	Contract Price of Work: \$ _____
Proposed Use of Building:	Heat Source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____
Building Type: <input type="checkbox"/> SFR-Detached <input type="checkbox"/> SFR-Attached <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family-# of Units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
Type of Project: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> T.I. <input type="checkbox"/> Sign <input type="checkbox"/> Sprinkler <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use	
<b>DESCRIPTION OF WORK:</b>	
<b>ASSOCIATED BUILDING PERMIT # (if applicable):</b>	

MECHANICAL PERMIT APPLICATION

Type of Project: ___ New ___ Addn ___ Alteration ___ Repair			
# of Fixtures	List of Fixtures	# of Fixtures	List of Fixtures
	A/C – Air Handling Units		Heat Pump
	Forced Air Systems		Unit Heater
	Gas Piping		Boiler
	Water Heater		Refrigeration
	Gas Fireplace		Wood Stove
	Gas Range		Ducting
	Clothes Dryer Hookups		Other:
	Range Hood		
	Exhaust Fan		

SPRINKLER / SUPPRESSION SYSTEM

Number of Heads
-----------------

PLUMBING PERMIT APPLICATION

Type of Project: ___ New ___ Addn ___ Alteration ___ Repair			
# of Fixtures	List of Fixtures	# of Fixtures	List of Fixtures
	Toilet		Backflow Preventer (Inside Bldg)
	Bathtub		Urinal
	Lavatory (Wash Basin)		Drinking Fountain
	Shower		Floor Drain
	Kitchen Sink & Disposal		Grease Trap
	Dishwasher		Roof Drains
	Clothes Washer		Medical Gas
	Water Heater		Other:
	Sink (Service/Bar/Mop/etc.)		Other:

**ACKNOWLEDGEMENT:** I have reviewed this application and confirm the information contained herein is true and correct. Work done pursuant to this permit must comply with current federal, state, and local law. The granting of a permit only authorizes approved work and no deviations therefrom. Deviations must first be authorized in writing from the Building Official before being authorized under any circumstance. I am the owner, or I am authorized by the owner of this property to perform the work for which application is made, and I comply with the State Contractors Law 18.27 RCW and 296.200A WAC.

City of Everett Official Use Only

PERMIT #
----------

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

(Revised 9/23/2016)