



City of Sumner

Commercial & Industrial Application

(please fill out ALL fields unless otherwise noted)

Community Development
1104 Maple Street, Suite 250
Sumner, WA 98390
Tel. (253)299-5523 Fax: (253)299-5539
24 Hour Inspection Request Line: (253) 299-5530
www.ci.sumner.wa.us

File Number: _____

Site/Project Address (if available)		Parcel #:
Owner:	Owner Phone:	Email:
Address:		City/State/Zip:
**Surveyor/Engineer/Contractor:		Phone:
Address:	Email:	City/State/Zip License # (if applicable)
Contact Person:	Phone:	Fax:
Contact Email:	Address:	

Description of Project: _____

Supporting Materials Required:

Office Applicant - (please check off all applicable "applicant" boxes)

<input type="checkbox"/>	<input type="checkbox"/>	This Application Form and Checklist	
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan (1:40 scale - No site plan required for interior tenant improvements)	1- Copy 8.5" x 11"
	<input type="checkbox"/>	Building envelope with building setbacks	5- Max Size 24" x 36"
	<input type="checkbox"/>	Environmental constraints delineated	
	<input type="checkbox"/>	Streets in relationship to the proposed building including sidewalks, curb, alley, driveway	
	<input type="checkbox"/>	Location of easements (if any)	
	<input type="checkbox"/>	Stormwater/open space locations	
	<input type="checkbox"/>	Parking configuration	
	<input type="checkbox"/>	Accessible spaces	
	<input type="checkbox"/>	Location of fire hydrants	
	<input type="checkbox"/>	Fire access lanes	
<input type="checkbox"/>	<input type="checkbox"/>	Building Plans & Elevations (To scale 1/16" = 1 foot & Dimensioned Min.)	5- Max Size 24" x 36"
	<input type="checkbox"/>	Proposed use of the spaces and storage arrangements (i.e. bedroom, kitchen, etc)	
	<input type="checkbox"/>	<u>Design Review Conditions added to plans</u>	
	<input type="checkbox"/>	Structural design	
	<input type="checkbox"/>	Elevations	
<input type="checkbox"/>	<input type="checkbox"/>	Elevations (Design Review Required- please consult Planning staff)	5- 24" x 36"
<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical Report (Consult Building Official)	2- Copies
<input type="checkbox"/>	<input type="checkbox"/>	Structural Design and Calculations	2 Copies
<input type="checkbox"/>	<input type="checkbox"/>	Total valuation of the project - REQUIRED	\$ _____

APPLICATION CONTINUED ON PAGE 2



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- | | | | |
|--------------------------|--------------------------|--|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler and Alarm Plans (Please consult the fire official for submittal requirements) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Civil Plans | 3- Max Size 24" x 36" |
| | <input type="checkbox"/> | Erosion Control | |
| | <input type="checkbox"/> | Engineered and stamped by a Washington State licensed engineer. | |
| | <input type="checkbox"/> | Road and storm detail | |
| | <input type="checkbox"/> | Water and Sanitary Sewer (separate sheet from road and storm) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Storm Report | 2- Copies |

NOTES:

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

****BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT.
(building permits only)**

SIGNATURE OF OWNER / AUTHORIZED AGENT

PRINTED NAME

DATE: ____/____/____

Received By: _____ Date: _____ Review: PLN _____ BLDG _____ FIRE _____ PW _____