



City of Sumner

Single Family Building Permit 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 "applicant" boxes)

| | | | | |
|--------------------------|--------------------------|---|------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | This Application Form and Checklist | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan (To scale per attached Sumner standard detail 1:40 scale) | 3- Copies | Min - 8.5 x 11 |
| | <input type="checkbox"/> | Full property lines, building envelope with building setbacks | | Max - 24 x 36 |
| | <input type="checkbox"/> | Environmental constraints (wetlands, river, etc) delineated if any | | |
| | <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"/> | Utility connections from source to the building (water, sewer, and storm) | | |
| | <input type="checkbox"/> | Separated Pedestrian connection to sidewalk | | |
| | <input type="checkbox"/> | Existing and proposed contour lines | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Floor Plans & Elevations (To scale 1/4" = 1 foot & Dimensioned) | 3- Sets | Max. - 24 x 36 |
| | <input type="checkbox"/> | Proposed use of the spaces and storage arrangements (i.e. bedroom, kitchen, etc) | | |
| | <input type="checkbox"/> | Design Review Conditions incorporated into elevations (Consult Planning Department for applicability) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Washington Energy Code Compliance Form | 1- Copy | |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural Design and Calculations | 2- Copies | |
| <input type="checkbox"/> | <input type="checkbox"/> | Geotechnical Report (Consult Building Official) | 2- Copies | |
| <input type="checkbox"/> | <input type="checkbox"/> | Total construction valuation of the project | \$ _____ | |

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 _____ |
|--------------------|-------------|-------------------|------------|------------|----------|