



Permit # _____ Application # _____

Building Department
1000 Laurel Street
Milton, WA 98354
Phone: 253-922-8738
Fax: 253-922-3466
www.cityofmilton.net

City of Milton

BUILDING PERMIT APPLICATION

#1 (Please check all that apply)

_____ Building _____ Mechanical _____ Plumbing _____ Reroof
_____ Fire Alarm _____ Fire Sprinkler _____ Demolition _____ Other

#2 - SITE LOCATION

Site Address: _____

Tax Parcel Number: _____ County: _____

#3 - TYPE OF WORK

Building Use Classification: _____

#4 - BUILDING PERMIT INFORMATION

Description of work to be done (Please be specific): _____

Project Name: _____

*Value of Construction: \$ _____

Tenant Number/Name (Location/Bldg/Unit/Floor/Suite Designation): _____

Gross Building Square Footage of Project: _____

#5 - PROPERTY OWNER

Owner Name: _____ Phone #: _____

Mailing Address: _____

#6 - GENERAL CONTRACTOR INFORMATION

Company Name: _____

Mailing Address: _____

Contact Person: _____ Phone #: _____

Email Address: _____ Fax #: _____

State Contractor's License #: _____ Expiration Date: _____

City Business License #: _____

#7 - DESIGN PROFESSIONAL (Architect/Engineer)

Company Name: _____

Mailing Address: _____

Contact Person: _____ Phone #: _____

Email Address: _____ Fax #: _____

#8 - CONTACT PERSON (This person is designated to receive all project communications)

Name: _____ Phone #: _____

Mailing Address: _____

Email Address: _____

OVER →

#9 - BUILDING PERMIT Commercial Residential

(Circle one below)

New	Addition	Alteration	Repair	Tenant Improvement	Change of Use
Occupancy:	_____			Gross Building Square Footage:	_____
Use:	_____			Height:	_____
Construction Type:	_____			Stories:	_____
Change of Use:	_____			Occupant Load:	_____
Zone:	_____				

#10 - MECHANICAL PERMIT (New, Replacement or Relocated) Gas Elec Other

	Qty/Size		Qty/Size
Air Conditioner	_____	Heat Pump	_____
Clothes Dryer	_____	*Solid Fuel Appliance	_____
Furnace	_____	Vent Fan	_____
Gas Pipe	_____	Water Heater	_____
Heater	_____	Other Pipe	_____
Base Mechanical Fee	_____	Other Equipment or Appliance (s)	_____

***Must meet Washington State Requirements**
(Provide Efficiency Rating of all Heating, Cooling and Domestic Water Heating Equipment)

#11 - PLUMBING PERMIT (New, Replacement or Relocated)

	Quantity		Quantity
Backflow	_____	Sink/Indirect Floor Sink	_____
Bathtub/Shower	_____	Urinal/Water Closet	_____
Clothes/Dish(washer)	_____	Water Piping	_____
Drinking Fountain	_____	Other	_____
Floor/Roof Drain	_____		

*Base Plumbing Fee \$ _____

#12 - FIRE PERMIT (Fire Alarm, Fire Sprinkler and Other Fixed Fire Extinguishing System)

Fire Sprinkler System	_____	Number of Heads	_____
Fire Alarm	_____	Number of Devices	_____
Other Fixed Fire Extinguishing System	_____		

#13 - DEMOLITION PERMIT

Asbestos Survey Report _____ (Attach Copy) _____ Erosion & Sediment Control (ESC) Requirements for Demo Permits

Puget Sound Clean Air Agency (PSCAA) Report _____ (Attach Copy) _____ (Applicant Must Sign)

#14 - NOTICE

I hereby certify, under penalty of perjury, 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. The granting of the permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

Signature of Owner/Contractor/Authorized Agent

#15 - STAFF COMMENTS
