BUILDING APPLICATION - COMMERCIAL

Planning & Building Department
201 Center St. W
Eatonville, WA 98328
360-832-3361 Ext. 114
planningadmin@eatonville-wa.gov

PERMIT NUMBER: _____

WORK TYPE: NEW _____ TENANT IMPROVEMENT: _____

SITE ADDRESS		PROJECT VALUATION
PARCEL NUMBER		
APPLICANT	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
PROPERTY OWNER	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR	PHONE	EMAIL
ADDRESS (Street, City, State, Zip)		
CONTRACTOR LICENSE #		EXP DATE

PROJECT DESCRIPTION

PROPOSED CONSTRUCTION SQUARE FOOTAGE

	Existing	New				
1st floor:			Garage/Carport:			Is the House Sprinkled?
2nd floor:			Covered Deck/Patio:			_____ Yes _____ No
Basement:			Uncovered Deck:			Is the Property Served by:
# Bedrooms:			# Bathrooms:			_____ Sewer _____ Septic
Lot Size(sf):			Total Structure Lot Coverage (sf):			Total Impervious Surface (sf):

An application for a permit for any proposed work shall be deemed to have been abandoned 180 day after date of filing, unless such application has been pursued in good faith or a permit has been issued.

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. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not.

Print Name: _____ Owner _____ Agent/Other _____

Signature: _____ Date: _____

(If you are not the property owner and are submitting on the owner's behalf, an Owner Authorization Form is required.)

Town of Eatonville

COMMERCIAL REQUIRED INFORMATION AND PLANS CHECKLIST

Appropriate application form(s) must be filled in completely:

Building, Plumbing, Mechanical, Fire Protection/Alarm, Water/Sewer. Town staff can help with parcel numbers.

Transmittal sheet (list of all items submitted)

1. **Site/Plot Plan –** Site plan should show required parking stall layouts; building footprint and required setbacks.
2. **Landscaping –** Complete with landscaping and irrigation plans.
3. **Building –** Including elevation certificate, soil study, structural, architectural (floor, elevations, etc.) barrier free, fire restrictive, truss calculations, specifications book, details.
4. **Electrical –** Load calculations and plans, please call for a Pre-Construction Electrical Inspection at (253) 888-6084.
5. **Plumbing –** Layout, riser diagram, backflow prevention, Health Department approval of septic system (where applicable) and/or sewage treatment approved by the sewer purveyor.
6. **Mechanical –** Layout, equipment specifications, energy code compliance, ventilation code compliance, gas lines, refrigeration, fire dampers, smoke detectors, shut down system, fuel cut-off. Roof top mechanical units require screening from public right of way.
7. **Fire Protection/Alarm –** Type of system, layout, water availability, letter/water supply, specifications and equipment listings, calculations.
8. **Tenant Improvement –** Building shell and site, see items 1-5 above.
9. **Owner Authorization Form –** If you are not the property owner and are submitting on the owner's behalf, a notarized Owner Authorization Form is required.

**SEPA submittals may require more or different information. **

Important Notes:

1. *All submittals shall be submitted electronically in PDF format (to scale for appropriate documents) to planningadmin@eatonville-wa.gov.*

2. *Application processing will not begin until the complete submittal package is determined to be counter complete.* ***Incomplete applications will be returned to the applicant.***

3. *Financial deposits for review are due at time of submittal for required applications. Please contact the Building Department to determine deposit and/or fee requirements.*

4. *Please call for a pre-construction Electrical Inspection 253-888-6084.*

5. *If you have questions about submittal requirements, please call 360-832-3361 ext. 114*

Applicant Signature indicating all the information requested above has been provided.

*Applicant Signature*_____ *Date*_____

(If you are not the property owner and are submitting on the owner's behalf, a notarized Owner Authorization Form is required.)

FOR STAFF USE ONLY:

Staff determination of counter completeness:

☐ The submittal is determined COMPLETE

☐ The submittal is determined INCOMPLETE

*Staff Signature*_____ *Date*_____

If the submittal is determined incomplete, the entire contents of the submittal along with this sheet shall be returned to the applicant. The following corrections and/or additional items are needed:

_____

_____

_____

_____