



DEVELOPMENT AUTHORIZATION

City of Sultan
P.O. Box 1199
319 Main Street
Sultan, WA 98294-1199

Community Development Department
Cyd Donk Permit Assistant, 360.793.1099
Inspection Request #360.793.1099/360.793.2231
Fax 360.793.3344 - www.ci.sultan.wa.us

Application Date: _____ Permit Number: _____

Applicant:

Name: _____ Phone: _____
Address: _____ Fax: _____

Property Owner (if other than applicant):

Name: _____ Phone: _____
Address: _____ Fax: _____

Contractor (if using one):

Name: _____ Company: _____
Address: _____ Phone: _____
_____ Fax: _____
State License Number _____ Expires: _____ Verified: _____
Sultan Bus. License _____ Verified _____

Breif Description of Work: Insert Merge Field

It is the responsibility of the permit holder to notify the Building Department and ensure that the required inspections are made. This permit will expire if work authorized by this permit is not commenced within 180 days of the date of this permit, or if the work is suspended at any time for a period of 180 days. This permit may be revoked if the work is not in conformance with laws, rules and regulations of the City of Sultan. The duty to ensure conformance rests with the builder, developer and permit applicant, not the City. The approval of construction plans and satisfactory inspections do not guarantee that all provisions of applicable codes have been met. All plans submitted to the City become public record and are available for public inspection and copying. All contractors performing work authorized by this permit shall be registered as required by state law

I hereby certify that I am authorized to perform the work for which this permit is made, and that I have read and examined this authorization and know the same to be true and correct.

Applicants Signature

Date

Authorizations Acquired

- | | |
|---|---|
| <input type="checkbox"/> Accessory Structures (storage buildings, garages, accessory dwellings)
<input type="checkbox"/> Authorization to Apply for a Building Permit
<input type="checkbox"/> Concurrency Certification (stormwater, transportation, impact fee determination)
<input type="checkbox"/> Critical Area Compliance
<input type="checkbox"/> Demolition Permit
<input type="checkbox"/> Driveway Permit
<input type="checkbox"/> Fence Permit
<input type="checkbox"/> Fire Alarm Permit
<input type="checkbox"/> Fire Sprinkler Permit
<input type="checkbox"/> Flood Hazard Permit
<input type="checkbox"/> Fireworks Stand Permit
<input type="checkbox"/> Grading Permit
<input type="checkbox"/> Mechanical Permit | <input type="checkbox"/> Plumbing Permit
<input type="checkbox"/> Retaining walls
<input type="checkbox"/> Right-of-Way Permits (sidewalk, curb and gutter, minor street repair, driveway construction)
<input type="checkbox"/> Roof Permit
<input type="checkbox"/> Sign Permit
<input type="checkbox"/> Site Plan Approval (vests overall site-design and features)
<input type="checkbox"/> Side Sewer Permit
<input type="checkbox"/> Utility Availability Certification (water, sewer)
Additional Authorizations:
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
|---|---|

BUILDING DEPARTMENT TO COMPLETE ALL BELOW

Estimation of Job Valuation: _____	Zoning Code: _____
Subdivision: _____	Block #: _____
Assessor ID #: _____	Sultan Tax Code: 3117
Setbacks: <i>Front</i> _____ <i>Rear</i> _____ <i>Side A</i> _____ <i>Side B</i> _____	
Building Height: _____	Flood Zone: _____ Minimum Floor Elevation: _____
Building Use: _____	Occ Group: _____ Construction Type: _____

PERMIT FEE'S

Permit Fees	\$	_____ TR _____
State Code	\$	_____ TR _____
TOTAL	\$	_____ TR _____

CONDITIONS OF APPROVAL

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

APPROVED BY BUILDING OFFICIAL

DATE