



**CITY OF SULTAN
COMMUNITY DEVELOPMENT DEPARTMENT**

319 Main St. Sultan, WA 98294
Phone (360) 793-2231 Fax (360) 793-3344

Date Stamp Area

Staff Initials: _____

TYPE I PERMIT APPLICATION

Application for:

Check all that apply

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Residential Building | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Commercial/Multi-Family Building | <input type="checkbox"/> Fireworks Stand | <input type="checkbox"/> Right-of-Way |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Flood Hazard | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Grading | <input type="checkbox"/> Side Sewer |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Water Meter |

Note: Staff can assist you in determining which permits are needed for your

Applicant:

Name: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Contact (if other than applicant):

Name: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Property Owner (if other than applicant):

Name: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

Contractor (if using one):

Name: _____

Company Name: _____

Address: _____

Phone: _____

Fax: _____

License Number: _____

Expires: _____ Verified: _____

City of Sultan Business License: _____

Verified: _____



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TYPE I PERMIT APPLICATION (CONTINUED)

Project and Property Information:

Tax Parcel Number(s): _____ Acres/Square Feet: _____

Property Address or general location (if no address): _____

Project Zoning (check one): LMD MD HD HOD ED UC P/I

Is property served by City water service? Yes No

Is property served by City sewer system? Yes No

Project Description: _____

Date of pre-application (if applicable): _____

Complete and attach submittal checklist(s) for each application being applied for.

For the applicant:

I am the owner or am authorized by the owner to sign and submit this application on their behalf. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete, and correct.

Signature of Applicant: _____ Date: _____

For the property owner:

I authorize the above applicant to submit this application on my behalf. I also grant permission for City staff and agents to enter onto the subject property for the sole purpose of making any inspection of the property which is necessary to process this application.

Signature of Property Owner: _____ Date: _____



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TYPE I PERMIT APPLICATION (CONTINUED)

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.

BUILDING DEPARTMENT TO COMPLETE ALL BELOW

Estimation of Job Valuation: \$ _____

Subdivision: _____ Block #: _____

Assessor ID#: _____ Sultan Tax Code #: _____

Zoning Code: _____ Setbacks: Front = _____ Rear = _____ Side A = _____ Side B = _____

Building Height: _____ Flood Zone (Yes/No): _____ Minimum Floor Elevation: _____

Building Use: _____ Occupancy Group: _____ Type of Construction: _____

Permit / Mitigation / Connection Fees

Plan Check	\$ _____	TR _____	Water	\$ _____	TR _____
Building Fee	\$ _____	TR _____	Sewer	\$ _____	TR _____
State Code	\$ _____	TR _____	School Mit.	\$ _____	TR _____
Plumbing	\$ _____	TR _____	Park Mit.	\$ _____	TR _____
Mechanical	\$ _____	TR _____	Traffic Mit.	\$ _____	TR _____
Total	\$ _____	TR _____	Total	\$ _____	TR _____

Approved by Building Official

Date