



# Burien

Washington, USA

400 SW 152<sup>nd</sup> Street, Suite 300. Burien, WA 98166  
Phone: (206) 241-4647 • FAX: (206) 248-5539  
www.burienwa.gov

## Construction Permit Application

Permit Number: \_\_\_\_\_

Please check permit(s) applied for: Building  Plumbing:  Mechanical:  Other: \_\_\_\_\_

### PROJECT DESCRIPTION

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### PROPERTY INFORMATION

Site Address:	Parcel Number:
Name of Business or Tenant:	

### PROPERTY OWNER INFORMATION

Property Owner Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail:	

### APPLICANT INFORMATION

Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail:	

### CONTRACTOR

Name:	Company:	Daytime Phone:	
Mailing Address:		Cell Phone:	
Contact person (if different):		E-Mail:	
Burien Business License Number:	Contractor's License #: (card must be presented)	Expiration Date:	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>

### DESIGN PROFESSIONAL

Licensed Architect     Engineer     Other

Name:	Company:	Daytime Phone:
Mailing Address:		Cell Phone:
Contact person (if different):		Fax Number:
State Professional License No.		E-Mail:

### LENDER INFORMATION

**NOTICE:** Effective 4/1/92, per RCW 19.27.095, all building permit applications must include the name, address, and phone number of the office of the lender administering the interim construction financing, if any; or the name and address of the firm that has issued a payment bond on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than fifty percent of the total amount of the construction project. (Keep in mind that contractors are only required to carry a bond amount of \$6,000 in order to be licensed.)

Name of Lender (or contractor if applicable):	Phone number:
Complete Address:	

STRUCTURE & USE			
Existing Use:		Proposed Use:	
Existing Floor Area		New - Additional Floor Area	
1 <sup>st</sup> Floor: _____ SF	2 <sup>nd</sup> Floor: _____ SF	3 <sup>rd</sup> Floor: _____ SF	1 <sup>st</sup> Floor: _____ SF
Basement: _____ SF	Decks: _____ SF	Garage: _____ SF	2 <sup>nd</sup> Floor: _____ SF
Other: _____			3 <sup>rd</sup> Floor: _____ SF
Total Existing Floor Area : _____ SF		Total New - Additional Floor Area: _____ SF	
Zoning: _____	Lot Size: _____	Applicant's Valuation (Based on Fair Market Value for the cost of all work.) \$ _____	
Check the appropriate box	<input type="checkbox"/>	Building is or will be connected to Private Septic System	
	<input type="checkbox"/>	Building is or will be connected to Public Sewer System	

PLUMBING FIXTURE COUNT - All Occupancies			Commercial/Multi-Family Plumbing Project Valuation \$ _____		
Backflow Device: < 2"		Kitchen Sink		Urinal	
Building Sewer		Lavatory		Water Heater - Electric	
Expansion Tank		Rainwater System		Washing Machine	
Floor Drain		Shower		Water closet/Toilet	
Each Fixture on a Trap		Tub			
					Total Fixture Count: _____

MECHANICAL UNIT COUNT - All Occupancies			Commercial/Multi-Family Mechanical Project Valuation \$ _____		
Air Handling: > 10,000 CFM		Appliance Vent		Duct Work	
Air Handling: ≤ 10,000 CFM		Expansion Tank		Unit Heater	
Furnace: > 100K BTU's		Water Heater--Gas		Vents/Fans	
Furnace: ≤ 100K BTU's		Ventilation System		Wood Stoves	
Gas Pipe: Each Outlet > 5 outlets		Gas Pipe: 1-5 outlets			
					Total Fixture Count: _____

OWNER / CONTRACTOR AFFIDAVIT (Check box if applicable)
<input type="checkbox"/> I am not a contractor, specialty contractor or a general contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I agree that if I use the assistance of any person/s to provide labor, materials and/or any assistance on any aspect/s of the construction, alteration or repair authorized by the building permit, the aggregate compensation for which equals or exceeds \$500, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I am also aware that the City of Burien requires all persons doing business within the City of Burien to hold current City Business Licenses. This includes contractors, specialty contractors, tradespersons, and any other person offering their service for hire, even if they have no office within the city limits. <b>As an owner / contractor, I agree to retain only contractors, specialty contractors, tradespersons, and other doing work on my project who hold a current City of Burien business license.</b>

**ISSUANCE OF THE BUILDING PERMIT** automatically conveys to the Building Department the authority to enter the premises at reasonable hours for the purposes of inspecting the project and adherence to the terms of the permit until such time as a the project is complete AND final inspection is approved.

**Expiration of Plan Review:** Applications for which no permit has been issued may be canceled for inactivity, if an applicant fails to respond to the building department's written request for revisions, corrections, actions or additional information within 90 days of the date of the request. Applications for which no permit is issued within 18 months following the date of application shall expire and all fees paid shall be forfeited.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am the owner of this property or am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the City of Burien as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Burien, but only where such claim is out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Authorized Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_