



# Commercial Building Permit Application

City of La Center, Building Services

210 E 4th St

La Center, WA 98629

Ph. 360-263-7665

Inspection Line: 360-263-6702

Inspection Email:

| JOB SITE LOCATION   |                       |                              |             | Office Use Only                    |  |
|---|-----------------------|------------------------------|-------------|------------------------------------|--|
| Project Address or Tax ID:  |                       |                              |             | Permit #:                          |  |
| Subdivision:  |                       | Lot #:                       |             | Received by:                       |  |
| PROPERTY OWNER  |                       |                              |             | Fee Paid:                          |  |
| Name:   |                       |                              |             | Date Submitted:                    |  |
| Address, City, State, Zip:  |                       |                              |             | Cust. #:                           |  |
| Phone:  |                       | Email:                       |             | DESCRIPTION OF WORK                |  |
| CONTRACTOR  |                       |                              |             |                                    |  |
| Business Name:  |                       |                              |             |                                    |  |
| Address, City, State, Zip:  |                       |                              |             |                                    |  |
| Phone:  |                       | Email:                       |             |                                    |  |
| WA State Contractor's License #:                                      |                       |                              |             |                                    |  |
| SUB-CONTRACTORS   |                       |                              |             |                                    |  |
| Plumbing:   |                       | Mechanical:                  |             |                                    |  |
| Contractor's License #:   |                       | Contractor's License #:      |             |                                    |  |
| Phone:  |                       | Phone:                       |             |                                    |  |
| APPLICANT   |                       |                              |             |                                    |  |
| Company Name:   |                       |                              |             |                                    |  |
| Contact Name:   |                       |                              |             |                                    |  |
| Address, City, State, Zip:  |                       |                              |             |                                    |  |
| Phone:  |                       | Email:                       |             |                                    |  |
| PERMIT TYPE   |                       | CATEGORY OF CONSTRUCTION     |             |                                    |  |
| New Construction  | Addition/Remodel      | Commercial                   |             | Multi-Family                       |  |
| Plumbing  | Mechanical            | Other (specify):             |             |                                    |  |
| Tenant Improvement  | Other (specify)       |                              |             |                                    |  |
| Type of Utility   |                       | NEW SQUARE FOOTAGE/VALUATION |             |                                    |  |
| Sewer   | Storm Water           | New Building sq. ft.         |             |                                    |  |
| ERU   | Total Impervious Area | Number of Units              |             |                                    |  |
| Refer to 13.10.350 table in La Center Municipal Code for ERU Estimate |                       |                              |             | Occupancy Type (i.e. Assembly A-1) |  |
| MECHANICAL INFORMATION  |                       |                              |             | Tenant Improvement sq. ft.         |  |
| Fuel Type   | Gas                   | Electric                     | Other       | Type of Construction (i.e. VB)     |  |
| System Type   | Forced Air            | Ductless                     | Room Heater | Value of Proposed Work             |  |
|   | Heat Pump             | Other                        |             | Value of Existing Building         |  |
| Mechanical Valuation  |                       |                              | \$          |                                    |  |

| PLUMBING FIXTURE TYPE (please indicate the number of each fixture) Total Fixtures: _____ |                               |                           |                          |   |
|--|-------------------------------|---------------------------|--------------------------|---|
| Toilets  | Dental Lavatory               | Ice Machine               | Dental Chair             | Irrigation <small>(separate permit)</small> |
| Urinal   | Dishwasher                    | Glass Washer              | Wash Tray                | Roof Drain                                  |
| Tub/Shower   | Washing Machine               | Swimming Pool             | Glass Fill Station       | Floor Drain                                 |
| Kitchen Sink   | Water Softener                | Dry Well                  | Grease Trap              | Fountain Drain                              |
| Laundry Sink   | Coffee Maker                  | Alt. Water Piping         | X-Ray Tank               | Drain Field                                 |
| Floor Sink   | Sump Pump                     | Alt. Waste Piping         | Gas Pipe Outlets         | Area Drain                                  |
| Bar Sink   | Drinking Fountain             | Septic Tank               | Sewer Connection         | Refrigerator Drain                          |
| Bathroom Sink  | Garbage Disposal              | Trailer Trap              | Water Connection         | Processing Equip. Drain                     |
| Service Sink   | Hose Bibs                     | Aspirator                 | Electric Water Heater    | Rainwater System Drain                      |
| Auto Washer  | Car Wash Sump                 | Medical Gas Outlet        | Gas Water Heater         | Relay Sewer                                 |
| Industrial Pretreatment Interceptor  | Repair/Alt. Drain Vent Piping | Additional Medical Piping | Boiler System (electric) | Other (Specify)                             |

| MECHANICAL FIXTURE TYPE (please indicate the number of each fixture) Total Fixtures: _____ |   |                    |                         |   |
|--|---|--------------------|-------------------------|---|
| Air Hand. <10,000 CFM  | Boiler or Compr. <15-30hp                       | Fuel Gas Vents     | Heat Pump/ AC 3-15      | Vent Fan w/ Duct                                |
| Air Hand. >10,000 CFM  | Boiler or Compr. <30-50hp                       | Furnace Floor      | Heat Pump/ A/C 15-30    | Hood w/ Mech. Exhaust                           |
| Appliances   | Boiler or Compr. >50hp                          | Furnace <1000k BTU | Heat Pump/ A/C 30-50    | Ventilation / Exhaust System                    |
| Add./Alt. Heating/Cooling Appliances   | Cooling Unit                                    | Furnace >1000k BTU | Heat Pump/ A/C >50      | Wood/Pellet/ Gas Stove/ Fireplace Insert        |
| Appliance Ventilation  | Ducts   | Gas Fireplace      | Heater                  | Wood/Pellet/ Gas Stove/ Fireplace Free Standing |
| Boiler or Compr. <3hp  | Ductless Interior Unit/Air Handlers <10,000 CFM | Gas Piping System  | Incinerator Commercial  | Other (Specify)                                 |
| Boiler or Compr. 3-15hp  | Evap. Cooler                                    | Heat Pump/ AC 0-3  | Incinerator Residential |   |

\*\* This permit becomes null and void if work or construction authorized is not commenced within 180 days from submittal, or if construction of work is suspended or abandoned for a period of 180 days at any time after work has commenced. I also understand that any request for a refund must comply with the City of La Center refund procedures. I hereby certify that I read and examined this application and know the same to be true and correct and agree to comply with City ordinances and state laws regulating the performance of construction. I certify that I am either the property owner or Washington State licensed contractor or an authorized agent applying for the permit under the explicit permission of the property owner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_