



**CITY OF DES MOINES
PLANNING BUILDING AND
PUBLIC WORKS DEPARTMENT**

**BUILDING
PERMIT
APPLICATION
B001**

PERMIT NUMBER: _____

DATE FILED: _____

PRESCREENED BY: BLD _____

PLN _____

SWM _____

TRNS _____

21630 11th Avenue South, Ste D • Des Moines, Washington 98198 • Tel: (206) 870-7576 Fax: (206) 870-6544

Project Name:	Parcel Number:
Permit Address:	
Valuation:	Application Date:

Building Area (Sq. Ft.): Basement _____ 1st Fl _____ 2nd Fl _____ Other _____ Total _____

BUILDING OWNER	CONTRACTOR
Name:	Company Name:
Address:	WA Lic#: _____ City Lic# _____
	Address:
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone(s): _____	Phone: _____
Fax: _____	Fax: _____

DESIGNER	ENGINEER
Company Name:	Company Name:
Designer Name:	Engineer Name:
Address:	Address:
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

ARCHITECT	PROJECT CONTACT
Company Name:	Company Name:
Architect Name:	Contact Name:
Address:	Address:
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____ Fax: _____
Fax: _____	Email: _____

DESCRIBE THE SCOPE OF THE WORK IN DETAIL INCLUDING ALL DEMOLISHED STRUCTURES:

Rtg. Type	<p>NOTICE: This permit becomes null and void if work or construction authorized is not commenced within 180 days, 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 according to the International Building Code that the plan review for this project will expire within 180 days of completion. I hereby certify that I have 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.</p> <p>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.</p> <p>_____</p> <p>Property owner or Contractor Signature _____ Date _____</p>
Permit Type:	
<input type="checkbox"/> COM <input type="checkbox"/> MULTI <input type="checkbox"/> RES <input type="checkbox"/> GATE <input type="checkbox"/> NEW <input type="checkbox"/> ADD <input type="checkbox"/> ALT <input type="checkbox"/> REPAIR	
Projected Review Date:	
Receipt Number:	
Routing:	
<input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> SWM <input type="checkbox"/> FD	

YOUR ATTENTION PLEASE

CITY OF DES MOINES INSPECTIONS ARE FROM 7:30AM—3:30PM ONLY
24 HOUR ADVANCE NOTICE REQUIRED
CUT OFF TIME FOR NEXT DAY INSPECTIONS: 2PM
INSPECTION REQUEST LINE: 206-870-6531

HOURS OF CONSTRUCTION (DMMC 14.49.090)
MONDAY THROUGH FRIDAY 7AM—7PM
SATURDAY, SUNDAY, AND LEGAL HOLIDAYS 8AM—5PM

ALL CONTRACTORS DOING WORK IN THE CITY OF DES MOINES:

For all work done within the City of Des Moines, please use **Location Code 1709** in reporting and/or remitting to the State all related sales and use taxes.

State law requires that sales taxes collected, or use taxes paid by your business, be reported to the State Department of Revenue based on the **code** representing “*where*” the work took place, ***NOT*** where the contractor’s business resides. Improper reporting may subject your business to penalties.

If you have any questions, contact Washington State Department of Revenue (253) 437-3440. Thank you for giving this your attention.

CONTRACTOR BONDING AND EMPLOYEE INSURANCE INFORMATION

(Required for projects valued over \$5,000 per RCW 19.27.095)

Interim Construction Loan or Payment Bond Information

Company Name: _____ Contact Person: _____

Company Address: _____ Telephone Number: _____

Verification of Contractor’s estimate of payroll and paid industrial insurance premium: _____

CODE AND ORDINANCE REQUIREMENTS (Currently Adopted Editions)

International Building Code
International Residential Code
International Mechanical Code
International Fire Code

Uniform Plumbing Code
State Requirements
WA State Ventilation and Indoor Air Quality
Washington State Energy Code