

Town of Steilacoom
Community Development
1030 Roe Street, Steilacoom WA 98388
(253) 581-1912 FAX (253) 582-0651



BUILDING PERMIT APPLICATION

FILL IN ALL SPACES INCOMPLETE APPLICATIONS WILL BE RETURNED

***Required by RCW 19.27.095**

Type of Permit: Building Plumbing Mechanical Demolition Other

Applicant Information

***Owner:** _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Contact Person if not owner: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

***Contractor:** _____

Address: _____ City _____ Zip _____

Phone: _____ State Contractor's License # _____

Plumbing Contractor: _____

Address: _____ City _____ Zip _____

Phone: _____ State Contractor's License # _____

Mechanical Contractor: _____

Address: _____ City _____ Zip _____

Phone: _____ State Contractor's License # _____

***Lender/Issuer of Payment Bond:** _____

Address: _____ City _____ Zip _____

Phone: _____

Property Information:

***Property Address:** _____

***Parcel Number:** _____

Is this lot within the Historic District? Yes ___ No ___

Project Information:

Residential: SFR Duplex Multi-Family Remodel Addition Deck Other

Commercial/Industrial: New Building Remodel Addition Other

Describe project: _____

Setbacks: Front _____ Rear _____ Left _____ Right _____
Height _____ **Stories** _____ **Dwelling Units** _____
Building size: _____ **X** _____ **Lot size** _____ **X** _____
Square footage first floor _____ second floor _____
Type of heat (if available) Natural Gas Electric
 Heating/Model _____ Air Conditioning/Model _____ Misc. _____
Square Footage of Garage or Any Other Buildings Being Built _____
 Number of bedrooms _____ Number of baths _____
 Number of plumbing fixtures _____ Number of fireplaces _____
Estimated value of Project: _____

Utility Information:

Public water (circle one) Town of Steilacoom Lakewood Water District
 Size of Water Meter Needed _____
Sewer (circle one) Town of Steilacoom Other _____
Power Source (circle one) Town of Steilacoom Other _____
 Size of Electrical Service Needed _____

For Manufactured and Modular Homes:

Make _____ Model _____ Year _____
 Size _____

For Commercial Projects:

Project name _____ Inspection date _____
 Inspection type _____ Inspection status _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I further certify that I have read the Town of Steilacoom Builder's Packet and know that this submittal is in accordance with the information supplied therein. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Construction hours: 7 AM – 8 PM Mon-Fri; 9 AM – 6 PM Sat, Sun & Holidays

Signature of Applicant: _____ **Date:** _____

Per RCW 19.27.095, applications must include information on the lender administering interim construction financing, if any, or information on the issuer of 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 50% of the total amount of the construction project.

No site work shall begin until the permit is issued and all fees are paid