Town of Steilacoom
Community Development
1030 Roe Street, Steilacoom WA 98388
(253) 581-1912 | permits@ci.steilacoom.wa.us

BUILDING PERMIT APPLICATION

FILL IN ALL SPACES - INCOMPLETE APPLICATIONS WILL BE RETURNED

Type of Permit: ☐ Building ☐ Plumbing ☐ Mechanical ☐ Demolition (Year Built: _____) ☐ 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 # _____

Email: _____ UBI Number: _____

Note: Town business license endorsement required

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 ☐ Roof ☐ Other ☐

Commercial/Industrial: New Building ☐ Remodel ☐ Addition ☐ Roof ☐ Other ☐

Describe project (attach additional pages if needed): _____

*Must attach a completed Middle Housing Design Review Checklist: https://townofsteilacoom.org/DocumentCenter/View/4065

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 _____ Serial Number _____

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 administrating 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

Office Use Only: Permit #: _____ Fees Paid?: ☐ Date Paid: _____