



COMMERCIAL BUILDING APPLICATION

☐ New ☐ Addition ☐ Alteration

Project Name: _____

Site Address: _____ Suite# _____ County: ☐ Pierce ☐ King

Brief Description of work: _____

Parcel Number(s): _____ Parcel Size (sf): _____

Valuation of Project (\$): _____ Critical areas on or within 150': ☐ Yes ☐ No

Zoning/Land Use Designation: _____ Is the property served by: ☐ Sewer ☐ Septic

Primary Contact:

Address: _____

Phone: _____ Email: _____

Property Owners:

(if different) _____

Phone: _____ Email: _____

Contractor:

Address: _____

Phone: _____ Email: _____

Contractor License: _____ Expiration Date: _____

UBI #: _____ Milton Business License: ☐ Yes ☐ No

If owner performing work ☐ I certify that I am the legal owner and will be doing the work myself or act as my own general contractor and hire licensed sub-contractors. I certify that I will not lease or sell the property for 12 months from the final certificate of occupancy. (RCW18.27.090)

Please send invoices to: ☐ Applicant ☐ Property Owner ☐ Contractor

DETAILS

Classifications (see IBC Ch 3/6)		MISC		Gross sq. ft.	
Occupancy Classification		Height		Ground Floor	
Use Designation		Stories		Second Floor	
Construction Type		Footprint (sf)		Third/Basement	
Occupant Load		Parking Spaces		Building Total	

Plumbing Permit	Number	Mechanical Permit	Number
Plumbing fixtures on one trap		Furnace	
Water heater and/or vent		Appliance Vents, ventilation fan	
Installation and/or repair of water piping (per fixture)		Addition and/or repair of heating appliances or other equipment	
Landscape Sprinkler System:		Piping System Outlets:	
Other items:		Other items:	

SUBMITTAL CHECKLIST

- ☐ Application
- ☐ Certificate of Power Availability
- ☐ Certificate of Water Availability
- ☐ State Energy Code Compliance
- ☐ Architectural Plans and Specifications
- ☐ Material Safety Data Sheets, if requested
- ☐ Copy of Land Use/Civil Approval

Structures over 4,000 square feet in size, must be prepared and sealed by a Washington State licensed design professional competent for the scope of work proposed (RCW 18.08.410)

Other agency documents:

- ☐ Sewer Review (Pierce County or Lakehaven)
- ☐ Tacoma-Pierce County Health Department Review (grocery/food establishments)
- ☐ Washington State Department of Health (DOH) review (ambulatory surgery centers, hospice care center, nursing homes, residential treatment centers, and similar uses)
- ☐ Washington State Fire Marshal review (licensed care occupancies, nursing homes, boarding homes, group homes, hospitals, and child care facilities)

Final approval required prior to permit issuance

We prefer digital Submissions: Send Application to permits@cityofmilton.net. Once received we will send you the link and instructions to upload submittals. Other items may be requested.

CERTIFICATION

I, the undersigned, hereby certify that this application has been made with the consent of the lawful property owner(s) and that all information submitted on or with this application is complete and correct. I understand that false statements, errors, and/or omissions may be sufficient cause for denial of any related applications. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

RIGHT OF ENTRY: By signing this application the applicant grants unto the City and its agents the right to enter upon the premises for purpose of conducting all necessary inspection to determine compliance with applicable laws, codes and regulations. This right of entry shall continue until a certificate of occupancy is issued for the property.

Signature of Applicant: _____ Date: _____

Signature of Owner(or authorized agent): _____ Date: _____