COMMERCIAL PLUMBING / MECHANICAL PERMIT APPLICATION

CITY OF STANWOOD
COMMUNITY DEVELOPMENT DEPARTMENT
10220 270th Street NW Stanwood, WA 98292

Date Stamp (if hard copy):

PERMIT REQUIREMENTS

1. *If staff completes the application review and a permit is ready to issue, the applicant has 6 months from the "ready to issue" date, to pick up the permit and pay the remainder of the fees, otherwise the application will be expired for non-payment.*
2. *All Contractors and Sub-Contractors hired to work on the project are required to obtain a City of Stanwood Endorsement on their Business License. It is the applicant's responsibility to inform their contractors and Sub-Contractors to acquire the endorsement for the City of Stanwood. The endorsement can be obtained at dor.wa.gov.*
3. *Upon permit issuance, building permits are valid for 2 years per IBC 105.5.*
4. *Submittal fees & building plan review fees are non-refundable once the review process has begun, regardless of whether or not the permit application is withdrawn.*

PERMIT TYPE (Select ***all*** that apply)

☐ Plumbing ☐ Mechanical

☐ New ☐ Addition ☐ Alternation

PROJECT INFORMATION

Complete all fields

Tenant Name: _____ Tenant Business License #: _____

Project Site Address: _____ Project Valuation: $ _____

Parcel Number (s): _____ Project Contractor: _____

Is Property located within floodplain?: ☐ Yes * ☐ No Is Equipment Screened from ROW? ☐ Yes ☐ No

Project Narrative / Scope of Work: _____

** If yes, then Floodplain Development Permit required. Electrical, heating, ventilation, plumbing, air conditioning, and other similar equipment must be elevated or designed to prevent water from entering in case of flood*

CONTACT INFORMATION

PROPERTY OWNER ☐ Primary Contact	**PERMIT APPLICANT** ☐ Primary Contact
Company Name: _____	**Company Name:** _____
Contact Name: _____	**Contact Name:** _____
Phone Number: _____	**Phone Number:** _____
Email: _____	**Email:** _____
Mailing Address: _____	**Mailing Address:** _____

CONSULTANT INFORMATION

PRIMARY CONTRACTOR ☐ Primary Contact	**SECONDARY CONTRACTOR** ☐ Primary Contact
Company Name: _____	**Company Name:** _____
Contact Name: _____	**Contact Name:** _____
Phone Number: _____	**Phone Number:** _____
Email: _____	**Email:** _____
Mailing Address: _____	**Mailing Address:** _____
Contractor License #: _____	**Contractor License #:** _____
UBI Number: _____	**UBI Number:** _____
Architect / Engineer: _____	**Architect / Engineer:** _____

REAL PROPERTY OWNER CERTIFICATION	APPLICANT CERTIFICATION
I do hereby declare under penalty of perjury under the laws of the State of Washington that I am the owner of the subject property or an officer/member of the entity owning the subject property, that it is my desire to seek the subject land use permit, and that I will abide by any requirements and conditions that may be part of the approval of this request. I also hereby grant permission for City employees, agents of the City and/or other agency officials to enter the subject property, if necessary, for the purpose of site inspections. *Optional:* ☐ *As the owner of the subject property or an officer / member of the entity owning the subject property, I hereby authorize _____ (Name, Title) to act on behalf of the real property owner for purposes related to the above-referenced permit application.*	***I do hereby declare under penalty of perjury under the laws of the State of Washington that I have familiarized myself with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my knowledge and belief. I understand it is my responsibility to ensure that no waste products from my project enter public roads, storm systems, or water bodies. By signing this application, I understand that no work may begin until the Permit has been issued and received by the Applicant.*** *Optional:* ☐ *I certify that I am the Owner's authorized agent. I further certify that I am authorized to act as the Owners agent regarding the property at the above referenced address for the purpose of filing applications for permits or review under the Stanwood Municipal Code and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.*
_____ Property Owner's Signature Date _____ Print Name Title	_____ Applicant's Signature Date _____ Print Name Title