

## **City Of McCleary Building & Planning Department**

## CLICK HERE TO SUBMIT THIS FORM BY EMAIL:

## permits@cityofmccleary.com

Please attach this file to the email address above.

Inspections will be conducted every Tuesday 8:00AM-12PM

Phone: (360) 495-3667 Ext. 161

## **COMMERCIAL BUILDING PERMIT APPLICATION**

Primary Contact Name:	Property Owner Name:
Address:	Address:
City / State:	City / State:
Phone: Zip:	Phone: Zip:
Email:	Email:
Permit #: Application Date:	Engineer Company:
Parcel #:	Contact Name:
Project Address:	Address:
City / State:	City / State:
Phone: Zip:	Phone: Zip:
License #:	Email:
Email:	

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Lender/Bond Issuer:	Phone:	
Address:		
Architect: Company:		
Contact Name:	Phone:	
Address:	City / State:	
Email:	Zip:	
BUILDING INFORMATION		
Occupancy Type No. of Stories	Lot Area	
Construction Type Building Height	Impervious Surface %	
No. of Dwelling Units Zoning	Fire Sprinklers YES \( \square\) NO \( \square\)	
Project Description: Project Valuation:		
Work Classification:		
Repair: Alteration: Addition	n: Tenant Improvement:	
Change Of Occupancy: New:	Other:	
I acknowledge that an application for a permit for any proposed work that has not resulted in the issuance of a permit within 180 days of the date of filing shall be deemed to have been abandoned. I certify that as a contractor I am currently registered and properly licensed as defined in RCW 18.27, or as a property owner, I am exempt from the requirements of the contractor registration and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit. I certify that I have read and examined this application and know the same to be true and correct, and that if any of the information provided is incorrect, the permit or approval may be revoked.		
Applicants Signature	Date	