

Please provide your
City of Sumas Business
License Number:

City of Sumas Building Permit Application

PERMIT # _____

All applicable information must be included. Your application may not be accepted if this form is incomplete.

PLEASE TYPE OR PRINT ALL INFORMATION IN INK

SITE INFORMATION:			Tax Parcel #		
Job Site Address					
SUBDIVISION NAME: (if applicable)			Division #	Block #	Lot #
CONTACT INFORMATION: Legal Property Owners			Daytime Phone #		
Address			City	State	Zip Code
Applicant/Contact Person			Daytime Phone #		
Address			City	State	Zip Code
Project Contractor			Daytime Phone #		
Address			City	State	Zip Code
Contractor's License # (Please attach copy of current license)			Expiration Date		
DESCRIPTION OF PROJECT:					
Zoning					
HEAT SOURCE (check one) Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/>					
PLUMBING			MECHANICAL		
No.	Type of Fixture or Item	FEE	No.	Type of Equipment	FEE
	Bathtub			Air Handling Unit <10,000 LFM	
	Clothes Washer			Boiler/Compressor 15 HP	
	Dishwasher			Boiler Compressor 35 HP or less	
	Drinking Fountain			Clothes Dryer	
	Floor Drains			Fireplace Insert	
	Hose Bibbs (faucets)			Fuel Tank <1100 GAL	
	Hot Tub/Pool/Misc.			Furnace <100 BTU	
	Hot Water Heater (all)			Furnace >100 BTU	
	Kitchen Sink & Disp.			Gas Fireplace	
	Laundry Tray			Gas Hot Water Heater	
	Lavatory (wash basin)			Gas Piping	
	Water Piping			Heat Pump	
	Roof Drains – Rainleaders			Kitchen Range/Hood System-Res.	
	Service Sink/Bar			Other Units	
	Shower			Propane Tank	
	Urinal			Unit Heater	
	Water Closet (toilet)			Vent Fans	
	Building Sewer			Woodstove	
SUBTOTAL		\$	SUBTOTAL		\$
PERMIT FEE		\$	PERMIT FEE		\$
TOTAL FEE		\$	TOTAL FEE		\$

APPLICANT ATTESTS THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND ACCOMPANYING MATERIAL IS TRUE AND ACCURATE. APPLICANT IS RESPONSIBLE FOR FEES FOR REVIEWS COMPLETED BY THE COUNTY IN PREPARING THIS PERMIT FOR ISSUANCE, REGARDLESS WHETHER THE PERMIT IS ISSUED OR CANCELLED.

APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

PERMIT # _____

PROJECT NAME:	CLASS:	LOT AREA:
MAX HT:	BLD USE:	DWELL UNIT:

SETBACK REQUIREMENTS	
FRONT:	REAR:
SIDE:	
SHORELINE:	TOP OF BANK SETBACK:
REQUIRED PARKING SPACES:	

FLOOD INFORMATION		
BASE FLOOD ELEVATION:	SPECIAL FLOOD RISK:	# FLOOD VENTS:
FINISH FLOOR ELEVATION:	FLOOD CORRIDOR:	

BUILDING INFORMATION			
Occupancy Group:	Type of Construction:	Occupant Load:	Building Area:
Stories:	Basement: YES / NO	Fire Sprinklers: YES / NO	

Permit Review	Fees	Square Footage & Valuation			
Total Plan Check Fee	< >				
Building					
State Surcharge					
Plumbing					
Mechanical					
Modular Home					
Fill Permit					
Flood Plain Prmit					
Shoreline Exemption				CONDITIONS – To be input by originator	
Conditional Use Permit					
Variance					
Move Building					
Sewer Inspection					
Temp. Power					
Sewer Hookup					
Water Hookup					
Storm Hookup					
		Application Accepted:	Permit Issued:		
		Initials _____	Initials _____		
		Date: _____	Date: _____		
TOTAL					