



City of Sumner Commercial & Industrial Application

(Please fill out ALL fields unless otherwise noted)

Community Development
cd@sumnerwa.gov

(253)299-5530

www.sumnerwa.gov

File Number: _____

Site/Project Address (if available):		Parcel #:		
Owner:	Phone:	Email:		
Owner Address:		City:	State:	Zip:
Surveyor/Engineer/Contractor:		Phone:	Contractor License Number:	
Address:	Email:	City:	State:	Zip:
Contact Person:	Phone:	Fax:		
Contact Address:	Email:	City:	State:	Zip:

Project Type:

- New Construction (shell)
 New Construction (total build-out)
 TI
 Other - Valuation: \$ _____

Project Description:

Supporting Materials Required:

Office Applicant - (please check off all applicable "applicant" boxes)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | This Application Form/Checklist |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Plan (1:40 scale - No site plan required for interior tenant improvements) |
| | <input type="checkbox"/> | Building envelope with building setbacks |
| | <input type="checkbox"/> | Environmental constraints delineated |
| | <input type="checkbox"/> | Streets in relationship to the proposed building including sidewalks, curb, alley, driveway |
| | <input type="checkbox"/> | Location of easements (if any) |
| | <input type="checkbox"/> | Stormwater/open space locations |
| | <input type="checkbox"/> | Parking configuration / Accessible spaces |
| | <input type="checkbox"/> | Utility connections from source to the building (water, sewer, storm) |
| | <input type="checkbox"/> | Location of fire hydrants |
| | <input type="checkbox"/> | Fire access lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | Building Plans & Elevations (To minimum scale 1/16" = 1 foot & Dimensioned Min.) |
| | <input type="checkbox"/> | <i>Plans need to be appropriately scaled to paper size.</i> |
| | <input type="checkbox"/> | Proposed use of the spaces and storage arrangements (i.e. bedroom, kitchen, etc) |
| | <input type="checkbox"/> | Design Review Conditions added to plans |
| | <input type="checkbox"/> | Structural design |
| <input type="checkbox"/> | <input type="checkbox"/> | Elevations (Design Review required – please consult Planning staff) |
| <input type="checkbox"/> | <input type="checkbox"/> | Geotechnical Report (Consult Building Official) |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural Design and Calculations |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler and Alarm Plans (Deferred) |
| <input type="checkbox"/> | <input type="checkbox"/> | PDF Copy of all submitted documents – please see electronic submittal requirements |

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

****BY LEAVING THE CONTRACTOR INFORMATION SECTION BLANK, I HEREBY CERTIFY FURTHER THAT CONTRACTORS (GENERAL OR SUBCONTRACTORS) WILL NOT BE HIRED TO PERFORM ANY WORK IN ASSOCIATION WITH THIS PERMIT.**

DATE: ____/____/____

SIGNATURE OF OWNER / AUTHORIZED AGENT

PRINTED NAME