

## CITY OF BLAINE COMMUNITY DEVELOPMENT SERVICES

435 MARTIN STREET, SUITE 3000  $\bullet$  Blaine, WA  $\bullet$  98230

PHONE: (360) 332-8311 • FAX: (360) 543-9978

www.cityofblaine.com

## Commercial / Multi-family Residential Building Permit Application

FOR OFFICE USE ONLY				
Building Permit Deposit \$	_			
Receipt #	STAMP IN DATE			

## **APPLICANT INFORMATION**

Project Name/Tenant:	*Value of Construction:		
Site Address:	Tax Parcel Number:		
General Location:	Lot Number:		
Contact Person:	Firm or Company Name:		
Address:		Telephone #:	
City:	State / Province:	Zip / Postal Code:	
Contractor:	UBI#	Telephone #:	
Address:		City / State / Zip:	
State Contractor's License #	Expiration Date:	City of Blaine Business License: Current: Yes No Expires:	
Architect of Record:		Firm or Company Name:	
Address:		Telephone #:	
	State / Province:	. ,	
Address:	State / Province:	Telephone #:	
Address:  City:	State / Province:	Telephone #:  Zip / Postal Code:	
Address:  City:  Engineer of Record:	State / Province:  State / Province:	Telephone #:  Zip / Postal Code:  Firm or Company Name:	
Address:  City:  Engineer of Record:  Address:		Telephone #:  Zip / Postal Code:  Firm or Company Name:  Telephone #:	
Address:  City:  Engineer of Record:  Address:  City:		Telephone #:  Zip / Postal Code:  Firm or Company Name:  Telephone #:  Zip / Postal Code:	
Address:  City:  Engineer of Record:  Address:  City:  Property Owner:		Telephone #:  Zip / Postal Code:  Firm or Company Name:  Telephone #:  Zip / Postal Code:	

DESCRIPTION OF WORK TO E	BE DONE (include separa	te sheets as necessary):		
Total Area of Construction (sq.ft.): _		IBC Occupancy Type(s):		
Building Square Footage (new):	(existing):		(total):	
Number of Stories (new):	(existing):		(total):	
TYPE OF WORK				
☐ New Commercial Building	☐ Commercial Addition	☐ Tenant Improveme	nt 🔲 Rack Storage	<b>;</b>
☐ New Multi-Family Building	☐ Multi-Family Addition	Multi-Family Altera	tion	
Section 108.3 of the Inter  Expiration of Plan Review of application shall expire Building Official may gra of the International Build ACKNOWLEDGEMENT	<ul> <li>Applications for wheelean all fees paid shad all fees paid shad all a 180-day extension</li> </ul>	ich no permit is issue all be forfeited. Upon	written request of the	applicant, th
By signing the application form, the knowledge. Any material falsehood result in an issued permit being no	d or any omission of a mater			
I, the applicant/owner, certify that question. I also agree to provide purpose of application review and designee) concludes the application property shall be requested and s	access and right of entry to C any required later inspection on has complied with all appl	City of Blaine and its employens. This right of entry shall exicable laws and regulations.	es, representatives or agents for the contract of the contract	or the sole e Director or
(PROPERTY OWNE	R -PRINT NAME)		(DATE)	
I hereby designate (LICENSED (for permit(s.)	CONTRACTOR'S NAME- <b>PRI</b>	to act as my ago	ent in matters related to this ap	plication
(PROPERTY OWNER	: - SIGNATURE)		(DATE)	