



CITY OF EDGEWOOD
 2224 104th Avenue East
 Edgewood, WA 98372-1513
 (253) 952-3299 Fax (253) 952-3537

Project # _____

SINGLE-FAMILY RESIDENTIAL PERMIT APPLICATION

Application and plans must be complete in order to be accepted for plan review. Plan Review Fee due at the time of application.

Site Address:	Parcel Number:
Property Owner:	H/Phone:
Street Address: _____ City, State & Zip	Work
Contractor:	Phone:
Street Address: _____ City, State & Zip	Fax:
Contractors License Number :	Expiration Date:
Contact Person	Phone: Fax:
Architect/Engineer:	Phone:
Street Address: _____ City, State & Zip	Fax:

Description of Work:
 Estimate of total soil to be moved or excavated: Cut _____ Fill _____ Total cubic yards _____
 (SEPA may apply, see EMC 20.05.070 (F))

Subdivision Name: _____ Lot Number: _____

New Building Square Footage: Main: _____ Second: _____ Decks/Covered Porches _____

Garage: _____ Basements Finished/Unfinished: _____ Pool: _____ Height: _____

Bedrooms: _____ # Baths: _____ Fire Place: _____ Estimated Valuation: _____

Building Owner/Authorized Agent: If the applicant is other than the owner, registered architect/engineer, or contractor licensed by the State of Washington, a notarized letter from the property owner authorizing the agent to submit this permit application and obtain the permit will be required as a part of this submittal.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON, AND I AM AUTHORIZED TO APPLY FOR THIS PERMIT.

Signature: _____ Date: _____

Print Name: _____ Phone: () _____

Expiration of Application: Applications for which no permit is issued within 180 days following the date of application shall expire by limitation. Prior to expiration, the building official may grant an extension for a period not exceeding 180 days upon written request by the applicant as defined in Chapter 15.05.060 Edgewood Municipal Code. No application shall be extended more than once.

STAFF USE ONLY:
 Date Application Accepted: _____ Date Application Expires: _____