



Building Department
 21630 11th Avenue South, Suite D
 Des Moines, WA 98198
 (206)870-7576 fax:(206)870-6544
 www.desmoineswa.gov

Building Permit Application

Project Name: _____ **Project Address:** _____
Complex/Park Name: _____ **Unit/Space Number:** _____
Valuation: _____ **Application Date:** _____

Building Owner **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____

Contractor **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____
WA Contractor License #: _____ **Des Moines Business License #:** _____

Architect / Designer **Company Name:** _____ **Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____

Engineer **Company Name:** _____ **Engineer Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____

Project Contact **Company Name:** _____ **Contact Name:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Email: _____ **Phone:** _____ **Fax:** _____

Scope of Work: _____

Interim Construction Loan or Payment Bond Information (Required per RCW 19.27.095)

Company Name: _____ **Address:** _____ **Phone:** _____

Applicant: Owner Owner's Agent Contractor Contractor's Agent

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with City ordinances and State laws regulating the performance of construction. I certify that I am either the owner of the property described on this permit application, the Washington State licensed Contractor responsible for the work, or I represent the owner or contractor as signified above, and am acting with the owner's/contractor's full knowledge or consent.

Print name of Applicant
Date: _____

Applicant's signature
Application expires 180 days from date of application
Permit expires 180 days from date of issuance or last inspection

If you are exempt from contractor registration, per RCW 18.27.090, you must complete and submit with this application an Affidavit in Lieu of General Contractor form. This document is available online, or can be obtained at the Building Department Front counter when you turn in this application for processing.

For all work done within the City of Des Moines, please use **Location Code 1709** in reporting and/or remitting to the State all related sales and use taxes

Building permit # _____

Office use only:

Permit type

Routing:
 B P T SWM FD

COM MULTI RES GATE
 NEW ADD ALT REPAIR

Pre screened by: BLD PLN SWM TRNS