



COMMERCIAL BUILDING PERMIT APPLICATION

Liberty Lake Planning, Engineering & Building Services
 22710 E Country Vista Drive, Liberty Lake, WA 99019
 Phone: (509) 755-6704 Fax: (509) 755-6713 Website:
 www.libertylakewa.gov
 Email: permitcenter@libertylakewa.gov

New Commercial / Industrial
 Tenant Improvement
 Multi-Family Residential
 Other:

Along with this application please provide the following:

- One electronic copy of drawings / plans with supporting documents
- Any applicable plumbing, mechanical, fire, site improvement and right of way permit applications

All businesses which are located in, or perform work in the City must have a current WA State Business License with a City of Liberty Lake Endorsement.

CHECK ONE BOX BELOW TO INDICATE WHO THE APPLICANT IS

Owner's Name:	
Email:	Phone:
Address:	City, State, Zip:
Contractor's Name:	
Email:	Phone:
Address:	City, State, Zip:
WA State Contractor License:	Contractor UBI Number:
Architect's Name:	
Email:	Phone:
Address:	City, State, Zip:
Structural Engineer's Name:	
Email:	Phone:
Address:	City, State, Zip:
Project Contact's Name:	
Email:	Phone:

Site Specific Information	
Project Address:	Assessor's Tax Parcel:
Project Description: (please describe in detail the scope of work)	Estimated Value of Project:
Special Inspections Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide the Statement of Special Inspections document)
Are there existing structures on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No What is the current property size? <input type="checkbox"/> acres <input type="checkbox"/> sq ft
Is the property within a 100-year flood plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the property within 250 feet of a shoreline? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there wetlands within 200 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No Is there evidence of fill or excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there slopes greater than 30% on the property (30 ft. rise in 100 ft.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are critical or hazardous materials used or stored on site? (If Yes, please provide list of materials) (_____ %)

Multi-Family Residential (if applicable)			
# of Units:	# of Stories:	Site Zoning:	Adjacent Zoning:

Required Signatures

BY SIGNING BELOW, I ACKNOWLEDGE THAT A MINIMUM OF 24 HRS. NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS

Property Owner's Signature	Printed Name	Date
-----------------------------------	---------------------	-------------

Applicant's Signature	Printed Name	Date
------------------------------	---------------------	-------------

Permit Issuance Option		
Would you like to receive your permit / approved plans via email? Yes No		
<small>(If yes, please complete the portion below. Once review of your application is complete, we will contact you for credit card payment via phone.)</small>		

The permit becomes null and void if work or construction authorized by the permit is not commenced within 180 days of issuance or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced, unless an extension is granted. Issuance of this permit does not give the authority to violate any federal, state, or local laws or ordinances, or the building code regulating construction. Separate permits (building, plumbing, mechanical, sewer, water connection, electrical, etc.) may be required for work performed on this site. Additional permits /plans may be required prior to Certificate of Occupancy issuance. Contact SRCAA at 509-477-4727 and/or visit www.spokanecleanair.org to ensure compliance with air quality regulations. The applicant shall be responsible for obtaining additional permits/approvals from affected agencies. By checking the box below, I certify that I have read and understand all of the conditions contained herein and I have the authority to sign on behalf of the applicant. Additionally, I certify that my signature included on the permit, if done by electronic means, provides the same understanding and authority as if I had signed the permit in person or writing.

BY SIGNING BELOW, I GIVE MY PERMISSION FOR USE OF MY ELECTRONIC SIGNATURE ON THE PERMIT AND I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE TERMS DESCRIBED ABOVE.

Applicant's Signature	Printed Name	Date
------------------------------	---------------------	-------------

BUILDING INFORMATION (PLANNING, ENGINEERING & BUILDING SERVICES OFFICE USE ONLY)			
# of Stories:	Peak Height:	Total Habitable (sq. ft.):	
Main Sq. Ft.:	Upper Sq. Ft.:	Upper Sq. Ft.:	Bsmt. Sq. Ft.:
Deck Sq. Ft.:	Cov. Deck Sq. Ft.:	Garage Sq. Ft.:	Acc. Sq. Ft.:
Occupancy Group:	Sewer Purveyor:	TI Sq. Ft.:	
Occupant Load:	Water Purveyor:	Heat Source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other:	
Construction Type:	Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lot Coverage %:	Zoning:
Front Setback:	Rear Setback:	Right Side Setback:	Left Side Setback:
Designated Stormwater Control Area? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Mitigation / Impact Fee Area:	

PROJECT VALUE:
Notes and Conditions

Mitigation Category:	Sq. Ft.:	\$ / Sq. Ft.:
Mitigation Category:	Sq. Ft.:	\$ / Sq. Ft.:
Mitigation Category:	Sq. Ft.:	\$ / Sq. Ft.:
Mitigation Category:	Sq. Ft.:	\$ / Sq. Ft.: