



## 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](mailto:permitcenter@libertylakewa.gov)

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

**Along with this application please provide electronic files of the following:**

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

**All businesses which perform work in the City must have a current Business License. If the business is located outside of the City, the license must have a City of Liberty Lake Endorsement.**

**ADD CHECK MARK NEXT TO THE APPLICANT'S INFO**

<b>Property Owner's Name:</b>	
Email:	Phone:
Address:	City, State, Zip:
<b>Contractor's Business &amp; Owner's Name:</b>	
Email:	Phone:
Address:	City, State, Zip:
WA State Contractor License:	Contractor UBI Number:
<b>Architect's Name:</b>	
Email:	Phone:
Address:	City, State, Zip:
<b>Structural Engineer's Name:</b>	
Email:	Phone:
Address:	City, State, Zip:
<b>Construction Financing Lender or Bond Firm's Name (if applicable):</b>	
Email:	Phone:
Address:	City, State, Zip:
<b>Project Contact's Name:</b>	
Email:	Phone:

Site Specific Information	
<b>Project Address:</b>	<b>Assessor's Tax Parcel:</b>
<b>Estimated Value of Project:</b>	<b>Estimated Sq Ft:</b>

**Project Description:** (please describe in detail the scope of work)

Special Inspections Required?	Yes	No	(If Yes, please provide the Statement of Special Inspections document)
Are there existing structures on the property?	Yes	No	What is the current property size?      acres      sq ft
Is the property within a 100-year flood plan?	Yes	No	Is the property within 250 feet of a shoreline?      Yes      No
Are there wetlands within 200 feet?	Yes	No	Is there evidence of fill or excavation?      Yes      No
Are there slopes greater than 30% on the property (30 ft. rise in 100 ft.)?	Yes	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:
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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](http://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.

**Required Signatures**

**BY SIGNING BELOW (WITH ELECTRONIC SIGNATURE OR PHYSICAL SIGNATURE), I ACKNOWLEDGE THAT A MINIMUM OF 24 HRS. NOTICE IS REQUIRED FOR ALL INSPECTION REQUESTS. I ACKNOWLEDGE THAT I HAVE READ AND ACCEPT THE REQUIREMENTS LISTED ABOVE AND I GIVE PERMISSION FOR USE OF MY ELECTRONIC SIGNATURE ON THE PERMIT AND I ACKNOWLEDGE, UNDERSTAND AND AGREE TO THE TERMS DESCRIBED ON THIS APPLICATION.**

<b>Property Owner's Signature</b>	<b>Printed Name</b>	<b>Date</b>
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<b>Applicant's Signature</b>	<b>Printed Name</b>	<b>Date</b>
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**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:	Gas    Electric    Other:
Construction Type:	Sprinklers:    Yes    No	Lot Coverage %:	Zoning:
Front Setback:	Rear Setback:	Right Side Setback:	Left Side Setback:
Designated Stormwater Control Area?    Yes    No	Other Mitigation / Impact Fee Area:		

**PROJECT VALUE:**

**Notes and Conditions**

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