## **CITY OF MERCER ISLAND**

## **COMMUNITY PLANNING & DEVELOPMENT**

9611 SE 36TH STREET | MERCER ISLAND, WA 98040 PHONE: 206.275.7605 | www.mercerisland.gov

Inspection Requests: Online: <a href="https://www.mybuildingpermit.com">www.mybuildingpermit.com</a> VM: 206.275.7730



## **PERMIT APPLICATION**

Α	SITE ADDRESS*	PROJECT VALUATION (REQUIRED)*		PERMIT #				
Р	PROPERTY OWNER: *	ADDRESS*			PHONE			
	TENANT NAME:				E-MAIL*			
Р	APPLICANT CONTACT NAME*	ADDRESS			PHONE			
r					E-MAIL*			
L	ARCHITECT / DESIGNER (Company/Name)	ADDRESS			PHONE			
_					E-MAIL*			
ı	STRUCTURAL ENGINEER (Company/Name)	ADDRESS			PHONE			
					E-MAIL*			
С	CONTRACTOR(Company/Name)	ADDRESS			PHONE			
					E-MAIL*			
Α	STATE CONTRACTOR LICENSE #*:	1	MI BUSII	NESS LICENSE #*:	1			
	ELECTRICAL CONTRACTOR (Company/Name)	ADDRESS			PHONE			
N					E-MAIL*			
	STATE CONTRACTOR LICENSE #*: PLUMBING CONTRACTOR (Company/Name)	ADDRESS	MI BUSII	NESS LICENSE #*:	PHONE			
Т	T Editiblied Colonial Company, Name,	ADDITESS			E-MAIL*			
	STATE CONTRACTOR LICENSE #*:		MI BLISH	NESS LICENSE #*·	E WIAIE			
	STATE CONTRACTOR LICENSE #*: MI BUSINESS LICENSE #*:  *Required							
	PERMIT ☐ Building ☐ Low Vo	☐ SINGLE FA	AMILY	WORK	☐ ADDITION			
	<b>TYPE</b> ☐ Demolition ☐ Mecha		TYPE	☐ MULTI FAMILY		TYPE	☐ ALTERATION	
	☐ Electrical ☐ Plumbi	-		COMMER			□ NEW	
	☐ Fire Protection ☐ Stormy			☐ MIXED US			☐ REPAIR	
	☐ Fuel Tank ☐ Site De☐ Grading	evelopment		☐ CHRUCH/	SCHOOL			
Br	efly Describe Proposed Scope of Work	(REOUIRED	):					
Will your project result in (all questions must be answered):								
Αd	A change of use YES \( \square\) NO \( \square\)							
New Single Family dwelling YES □ NO						NO □		
A reduction in any existing side yard setback YES							NO □	
An	An increase in lot coverage by more than 100 square feet YES NO							
An increase in the gross floor area of more than 500 square feet YES \( \square \) NO \( \square \)						NO □		
An	An increase in the maximum building height above the highest point of the building YES \( \Backslash \) NO \( \Backslash							
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## **NOTICE TO APPLICANT**

Applications for which no permit is issued within 18 months shall expire. Once issued, building permits shall expire if work is not completed within two years from date of issue. Electrical, mechanical, and plumbing permits shall expire at the same time as the associated building permit except that if no associated building permit is issued, the electrical, mechanical and/or plumbing permit shall expire 180 days from issuance.

All work shall be done in accordance with the approved plans, except where such approval is in conflict with other codes. The approved plans shall not be changed or modified without the prior approval of the Building Official. It is the responsibility of the permittee to obtain the required inspections. Failure to notify this department that work is ready for inspection may necessitate the removal of some of the construction materials at the owner's expense in order to perform such inspections. All provisions of laws and ordinances governing this type of work will be met whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

I hereby certify that I am the owner of the subject property or I have been authorized by the owner(s) of the subject property to represent this application, and that I have read and examined this application and know the same to be true and correct. Also, I have received authorization to utilize all contractor license information provided within this application and have been informed about contractor license laws (RCW 18.27, RCW 18.106, etc.), and the potential risks and monetary liability to the homeowner for using an unregistered contractors (general, plumbing, electrical, etc.). Further information can be obtained at 1-800-647-0982.

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Yngle							
Signature of Owner/Contractor/Authorized	DATE	Printed Name of Owner/Contractor/Authorized Agent					
Agent							