



COMMERCIAL/INDUSTRIAL/MULTI-FAMILY BUILDING & PARKING LOT PERMIT APPLICATION

Department of Building Services
Spokane City Hall, 3rd Floor
808 W Spokane Falls Boulevard
Spokane WA 99201-3343

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Fax: (509)625-6822
www.buildingspokane.org

Plan Review, Processing, and State Building Code Fees are required to be paid at application submittal.

Part 1: Classification of Work

- Interior Remodel/Tenant Improvement (TI)
- Remodel/TI with Site or Exterior Work

- New Construction
- Addition to an Existing Structure
- Parking Lot/Site Work

Change of Use or Occupancy -- Existing Use: _____

Proposed Use: _____

Please submit 3 full sets of plans plus 8 additional site plan sets. **EXCEPTION:** Remodels without any site work only require the 3 full sets of plans.

Part 2: Basic Project Information

Site Address: _____ Parcel #: _____

Legal Description: _____
(i.e.-Smith Park Lt 1, Blk 3)

Project Title: _____ Pre-Dev Date: _____

Summary of Work Proposed: _____

Permits can *only* be issued to sufficiently licensed contractors and (in some instances) property owners. A contractor is required when work is to be performed for the "purpose of selling, demolishing, or leasing the property." RCW 18.27.090(12)

Part 3: Contact Information

Owner-Applicant: _____ Email: _____

Mailing Address: _____ Phone #: _____

Contractor: _____ Email: _____

Mailing Address: _____ Phone #: _____

Contact Person: _____ Contractor's License #: _____

Architect: _____ Email: _____

Mailing Address: _____ Phone #: _____

Contact Person: _____ Architect's License #: _____

Engineer: _____ Email: _____

Mailing Address: _____ Phone #: _____

Contact Person: _____ Engineer's License #: _____



COMMERCIAL PERMIT APPLICATION *Continued*

Project Title: _____

Part 4: Detailed Project Information

Work involving separate buildings and/or separate phases of completion require separate permits.

Proposed Use: _____ Project Valuation: _____

Applicants must submit a set of plans to Spokane Regional Health District for projects involving food/beverage service.

Building Height: _____ Stories above Grade: _____ # of Residences: _____

Apartment/Condo Units

Total # of Floors: _____ Levels below Grade: _____

	YES	NO
<u>Automatic Fire Suppression System:</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Automatic Fire Alarm System:</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Is this application for the building shell only?</u>	<input type="checkbox"/>	<input type="checkbox"/>

Occupant Load: _____ Building Footprint Square Footage: _____

Proposed Use	Occupancy Group	Construction Type	Square Footage
Total Square Footage:			

*See Chapter 3 of the International Building Code (IBC) for assistance with identifying **Occupancy Groups**. Chapter 6 of the IBC provides information for determining **Construction Types**.*

Part 5: Affidavit of Application for Permit

I hereby acknowledge that I have read this application and all supplemental documents included in the application packet; that the application and all plans, documents, and additional requirements for the application will be presented with the application at project submittal; that all information supplied is true and complete to the best of my knowledge and belief; that the plan review, processing, and State building code fees are non-refundable; that additional plan review fees will be required for plan revisions; that resources are available on the Building Service's website, www.buildingspokane.org for estimating fees, identifying the Commercial Permit Process, identifying the Certificate of Occupancy (CO) Process, identifying average plan review times, and for checking the status of my permit from the Online Permit System; that the CO Coordinator should be contacted a minimum of 10 days prior to completion of the project to begin the Certificate of Occupancy Process; that I will review the footer of the permit when it is issued as it will identify some of the conditions of approval; that I will share all conditions of approval with all sub-contractors; and that I agree to comply with all City ordinances, conditions of approval, and State regulations.

Applicant Signature: _____ **Date:** _____

Printed Name: _____ Phone #: _____

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