



City of Airway Heights  
 1208 S. Lundstrom Street  
 Airway Heights, WA 99001  
 Phone (509) 244-5514  
 Fax (509) 413-1382  
 www.cawh.org

**(STAFF USE ONLY)**

PERMIT NUMBER: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

CITY BUSINESS LICENSE #: \_\_\_\_\_

## COMMERCIAL BUILDING PERMIT APPLICATION

### APPLICATION TYPE

Commercial

Multi-Family

### TYPE OF WORK (check all that apply)

New Construction

Addition/Remodel

Accessory Building

Change of Use/Occupancy

Re-Roof

Demolition

Tenant Improvement

Other

### JOB SITE INFORMATION

Site Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_

Block: \_\_\_\_\_

Legal Description: \_\_\_\_\_

### PROPERTY OWNER CONSENT INFORMATION

Are you the property owner?

Yes

No

If you are not the property owner you will need to submit a completed Landowner/Agent Consent Form.

### BUILDING OWNER/APPLICANT

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

### GENERAL CONTRACTOR

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Contractor License #: \_\_\_\_\_

UBI: \_\_\_\_\_

### ENGINEER (if applicable)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

### ARCHITECT (if applicable)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

**WORK DETAIL**

**Project Description:**

**TOTAL PROJECT VALUATION (includes cost of labor and materials):**

\$

**Land Use Zone:**

**Occupancy Class:**

**Construction Type:**

**NEW CONSTRUCTION DETAILS (complete all that apply)**

**Number of Bedrooms:**

**Number of Stories:**

**Total Building sq ft:**

**Main Floor (sq ft):**

**Height to Peak:**

**Primary Occupancy (sq ft):**

**Upper Floor (sq ft):**

**Heat Source:**

**Secondary Occupancy (sq Ft):**

**Garage (sq ft):**

**Impervious Surface Area:**

**Sewer or Septic:**

**Deck/Covered Patio (sq ft):**

**Bldg Dimensions:**

**ADDITIONAL INFORMATION**

Will you be installing an irrigation system?

Yes

No

Will you be installing a fire alarm/sprinkler system?

Yes

No

Are you applying for a Plumbing and/or Mechanical Permit with this application? (If yes, complete applicable permit)

Yes

No

**NOTICE**

A separate permit is required for electrical through State of Washington Department of Labor & Industries. Separate applications are required for mechanical, plumbing, public works and fire safety. This application for a permit shall be deemed abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. The Building Official/designee is authorized to grant an extension, the extension shall be requested in writing and justifiable cause demonstrated. Fees are established by City Council resolution and are subject to change.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with 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 federal, state, or local law regulating construction or the performances of construction.

**Signature:**

**Date:**