



ORTING

Permit Number _____

RECEIVED STAMP

Construction Permit Application

110 Train St. SE - PO Box 489 - Orting, WA 98360
Phone: (360)893-2219 • FAX: (360)893-6809
www.cityoforting.org

Please check permit(s) applied for: Building Plumbing Mechanical Fence Yard Irrigation Other _____

PROPERTY INFORMATION	
Site Address:	Parcel Number:

PROPERTY OWNER INFORMATION		
Property Owner Name:	Daytime Phone:	Cell Phone:
Mailing Address:	Fax Number:	

APPLICANT INFORMATION		
Name:	Daytime Phone:	Cell Phone:
Mailing Address:	Fax Number:	
Email Address:		

CONTRACTOR INFORMATION			
Name:	Company:	Daytime Phone:	
Mailing Address:		Cell Phone:	
Contact person (if different):		Fax Number:	
Orting Business License Number:	Contractor's License #: (Card must be presented)	Expiration Date:	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>

PROJECT DESCRIPTION/LIST ALL OPTIONS TO BE USED-IN THIS SECTION
BUILDING DESCRIPTION: # OF STORIES _____ HEAT _____ # OF FLUES _____ # OF BEDROOMS _____ # OF BATHS _____ # OF OTHER ROOMS _____ ATTACHED GARAGE (SQFT) _____ CIRCLE: 2 OR 3 CAR OPTION DETACHED GARAGE OR CARPORT AREA (SQFT) _____

STRUCTURE & USE <input type="checkbox"/> residential <input type="checkbox"/> Commercial <input type="checkbox"/> residential to commercial <input type="checkbox"/> commercial change of use			
Existing Use:		Proposed Use:	
Enter 1 st Floor _____ sq ft	2 nd Floor _____ sq ft	3 rd Floor _____ sq ft	Existing Floor Area _____ sq ft
Area Basement _____ sq ft	Decks _____ sq ft	Garage _____ sq ft	Proposed Total Area _____ sq ft
Zoning: <input type="checkbox"/> Mixed Use/Commercial <input type="checkbox"/> Residential Urban <input type="checkbox"/> Residential Suburban <input type="checkbox"/> Residential Conservation <input type="checkbox"/> Multifamily		Lot Size (square feet):	Value of project: \$
			Building Dept Review:

PLUMBING AND MECHANICAL SECTIONS FOR SINGLE-FAMILY RESIDENTIAL REMODEL ONLY

PLUMBING				
Backflow Device(s) 2" or less (i.e. Yard sprinkler system, fire sprinkler system)		Kitchen Sink(s)		Toilet(s)
Expansion Tank(s)		Shower(s)		Water Heater(s)
Floor Drain(s)		Tub(s)		Washing Machine(s)
Dishwasher(s)		Tub/shower Combos		Total Fixture Count:

MECHANICAL				
Vents/Fans		Furnace less than 100K BTU's		Electric Wall Heater(s)
Air Conditioning		Electric Furnace		Gas Water Heater(s)
Duct Work		Gas Pipe: 1-5 outlets		Wood Stoves
Furnace greater than 100K BTU's		Gas Pipe: Each Outlet > 5 outlets		Total Fixture Count:

**PLUMBING AND MECHANICAL SECTION FOR COMMERCIAL AND MULTI-FAMILY ONLY
(PERMIT FEES BASED ON PROJECT VALUE)**

Commercial/Multi-Family Mechanical Project Value \$ _____

Commercial/Multi-Family Plumbing Project Value \$ _____

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the City of Orting as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Orting, but only where such claim is out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as part of this application.

Owner/Agent: _____ Date: _____