



CITY OF ORTING
BUILDING DEPARTMENT

Permit Number _____-_____-_____

RECEIVED STAMP

110 TRAIN ST. SE PO BOX 489 ORTING, WA 98360
Phone: (360)893-2219 • FAX: (360)893-6809
www.cityoforting.org

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

Please check permit(s) applied for: Building Plumbing Mechanical 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:		

BUILDING CONTRACTOR			
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							
Existing Use:				Proposed Use:			
Permit Includes:	Building		Plumbing		Mechanical		Other
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:	Lot Size:	Building Division Valuation:		\$	Applicant's Valuation:	\$	

PLUMBING AND MECHANICAL SECTIONS FOR COMMERCIAL CALCULATIONS

PLUMBING FIXTURE COUNT FOR COMMERCIAL CALCULATIONS							
Backflow Device: < 2"		Each Fixture on a Trap		Shower		Water Heater	
Building Sewer		Kitchen Sink		Tub		Washing Machine	
Expansion Tank		Lavatory		Urinal			
Floor Drain		Rainwater System		Watercloset/Toilet		Total Fixture Count:	

MECHANICAL UNIT COUNT FOR COMMERCIAL CALCULATIONS							
Air Handling: > 10,000 CFM		Expansion Tank		Gas Pipe: Each Outlet > 5 outlets		Ventilation System	
Air Handling: ≤ 10,000 CFM		Furnace: > 100K BTU's		Other		Water Heater--Gas	
Appliance Vent		Furnace: ≤ 100K BTU's		Unit Heater		Wood Stoves	
Duct Work		Gas Pipe: 1-5 outlets		Vents/Fans		Total Fixture Count:	

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

Commercial/Multi-Family Mechanical Project Valuation \$ _____
 Commercial/Multi-Family Plumbing Project Valuation \$ _____

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: _____