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 2 full sets of plans plus 8 additional site plan sets. Exception: Remodels without site work only require the 3 full sets of plans.

PART 2: BASIC PROJECT INFORMATION

Site Address: __________________________  Parcel #: __________________________

Legal Description: __________________________

Project Title: __________________________  Pre-Dev Date: __________________________

Summary of Work Proposed: __________________________

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 #: __________________________
PART 4: DETAILED PROJECT INFORMATION

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

Proposed Use: ____________________________ Proposed Valuation: ________________

Building Height: __________ Stories Above Grade: __________ # of Residences: __________

Total # of Floors: __________ Levels Below Grade: __________

Automatic Fire Suppression System: ☐ Yes ☐ No

Automatic Fire Alarm System: ☐ Yes ☐ No

Is this application for the building shell only? ☐ Yes ☐ No

Will you modify elevator, escalator or stairs? ☐ Yes ☐ No

Occupant Load: ______________ Building Footprint Square Footage: ______________

*Applicants must submit plans to Spokane Regional Health District for food service, school, water recreation, demolition*

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<tr>
<th>PROPOSED USE</th>
<th>OCCUPANCY GROUP</th>
<th>CONSTRUCTION TYPE</th>
<th>SQUARE FOOTAGE</th>
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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 the additional plan review fees will be required for plan revisions; that resources are available on the Development Services Center’s website: www.my.spokanecity.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: ____________________________