



# Commercial/Industrial/Multi-Family Building & Parking Lot Application

Rev.20180725

*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)
- New Construction
- Parking Lot/Site Work
- Change of Use or Occupancy – Existing Use: \_\_\_\_\_
- Remodel/TI with Site or Exterior Work
- Addition to an Existing Structure
- Proposed Use: \_\_\_\_\_

*Please submit 3 full sets of plans plus 1 additional electronic full set. 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

Occupant Load: \_\_\_\_\_ Building Footprint Square Footage: \_\_\_\_\_

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

PROPOSED USE	OCCUPANCY GROUP	CONSTRUCTION TYPE	SQUARE FOOTAGE
<b>Total Square Footage:</b>			

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](http://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: \_\_\_\_\_