Plan Review, Processing and State Building Code Fees are required to be paid at application submittal. All requested materials to be submitted electronically.

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: ________________________________

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*

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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: ____________________________