



# COMMERCIAL/INDUSTRIAL/MULTI-FAMILY BUILDING & PARKING LOT PERMIT APPLICATION

Planning & Development Services  
Spokane City Hall, 3rd Floor  
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Spokane, WA 99201-3343

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[www.spokanecity.org](http://www.spokanecity.org)

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 3 full sets of plans plus 8 additional site plan sets. **EXCEPTION:** Remodels without any site work only require the 3 full sets of plans.

## Part 2: Basic Project Information

Site Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Legal Description: \_\_\_\_\_  
(i.e.-Smith Park Lt 1, Blk 3)

Project Title: \_\_\_\_\_ Pre-Dev Date: \_\_\_\_\_

Summary of Work Proposed: \_\_\_\_\_

Permits can *only* be issued to sufficiently licensed contractors and (in some instances) property owners. A contractor is required when work is to be performed for the "purpose of selling, demolishing, or leasing the property." RCW 18.27.090(12)

## 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 #: \_\_\_\_\_



# COMMERCIAL PERMIT APPLICATION *Continued*

Project Title: \_\_\_\_\_

## Part 4: Detailed Project Information

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

Proposed Use: \_\_\_\_\_ Project Valuation: \_\_\_\_\_

Applicants must submit a set of plans to Spokane Regional Health District for projects involving food/beverage service.

Building Height: \_\_\_\_\_ Stories above Grade: \_\_\_\_\_ # of Residences: \_\_\_\_\_  
Apartment/Condo Units

Total # of Floors: \_\_\_\_\_ Levels below Grade: \_\_\_\_\_

	YES	NO
Will you modify Elevators, Escalators or Stairs?		
Automatic Fire Suppression System?		
Automatic Fire Alarm System?		
Is this application for the building shell only?		

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

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 additional plan review fees will be required for plan revisions; that resources are available on the Building Service's website, [www.buildingspokane.org](http://www.buildingspokane.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 #: \_\_\_\_\_

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