

Safety Inspection

Application

Rev.20171218

An Owner or Occupant of a premises desiring to document that the existing construction, occupancy, equipment systems, or operations comply with the minimum standards of the Building Code, the Building and Property Conservation Code, the Zoning Code, or any other standards over which the Development Services Center has assumed inspection jurisdiction, must make request for a Safety Inspection in the manner provided for Certificates of Occupancies in SMC 17G.010.170.

| Inspection Site Address: | Date: | | | |
|---|--|--|--|--|
| Legal Description: | Parcel #: | | | |
| Property Owner/Business Name: | | | | |
| Owner Address: | | | | |
| Applicant: | Phone #: | | | |
| Applicant's Address: | Cell #: | | | |
| Purpose of Safety Inspection: (Please check one) | Building Use: | | | |
| □ Adult Family Home** □ Change of Use (not requiring building permit) □ Verify Conditions □ Refinance/Sell/Proposed Purchase □ Certificate of Occupancy | ☐ Single Family Residence ☐ Duplex ☐ Commercial Building ☐ Multi-Family Residence Number of Units: | | | |
| Please identify any special areas of concern: | | | | |

**Please submit a completed WABO REQUEST FOR INSPECTION form to be given to the Inspectors for Adult Family Home Licensing requirements. These need to include a floor plan and the Inspection Checklist.

| | | Fee | | Quantity | | Total |
|------------------------------------|--------------------------------|----------|---|-----------------|---|---------|
| Single Family Residence – Electric | cal Only | \$75.00 | Х | | = | |
| Single Family Residence | | \$150.00 | Х | | = | |
| Two Family Residence (Duplex) | | \$175.00 | Х | | = | |
| Multi-Family, 3-6 units | | \$250.00 | Х | | = | |
| Multi-Family, 7-50 units | Enter TOTAL # of units: | | | | = | |
| \$250 plus \$25 per unit over | 6 | | | | | |
| Multi-Family, 51 or more units | Enter TOTAL # of units: | | | | = | |
| \$1350 plus \$10 per unit over 50 | | | | | | |
| Commercial Building | Enter Inspection Hours: | | | | = | |
| \$75 per hour, or fraction ther | eof, with a \$150 minimum | | | | | |
| | | | | Subtotal: | | |
| | | | | Processing Fee: | | \$25.00 |
| | | | | TOTAL FEE: | | |