



PUBLIC WORKS PERMIT APPLICATION

CITY OF EVERETT PERMIT SERVICES

EVERETT

WASHINGTON

SUBMITTAL INSTRUCTIONS: Email application & submittal documents to PermitServices@everettwa.gov or drop off at 3200 Cedar Street 2nd Floor Drop Box

CONTACT INFORMATION: (P) 425-257-8810 | (E) PermitServices@everettwa.gov | (W) everettwa.gov/permits

PROJECT SITE INFORMATION

PROJECT ADDRESS: _____

SITE WORK FOR PROJECT TYPE: SFR-DETACHED TOWNHOUSE DUPLEX ADU MULTI-FAMILY COMMERCIAL INDUSTRIAL

IF APPLICABLE: LAND USE PROJECT # (SEPA, PRE-APP, SS, ETC.) _____

IF APPLICABLE: FRANCHISE/UTILITY COMPANY, ANNUAL BLANKET PERMIT # _____

UTILITY COMPANY'S NAME & JOB #: _____ JOB #: _____

DESCRIPTION OF SITE WORK / RIGHT-OF-WAY WORK

FILL IN ALL QUANTITIES OF WORK BELOW, AS APPLICABLE:

- FENCE IN ROW _____ FT IN HEIGHT
- DRIVEWAY APRON / CURB CUT _____ FT WIDE
- ASPHALT / CONCRETE PAVING _____ SF
- RETAINING WALL / ROCKERY IN RIGHT-OF-WAY _____ LF
- RETAINING WALL / ROCKERY OVER 4FT IN HEIGHT _____ FT TOTAL HEIGHT
- CLEARING / GRADING / FILL / EXCAVATE _____ CY
- CUT/BORE IN PAVEMENT (PARALLEL) _____ LF
- CUT/BORE IN PAVEMENT (NON-PARALLEL) _____ LF
- POLE WORK / AERIAL / OVERLASH _____ LF

ADDITIONAL DESCRIPTION (AS NEEDED): _____

DRAINAGE MITIGATION QUESTIONS:

STORMWATER DISCHARGES TO:

- Combined Sewer
- Separated Storm Sewer
- Direct Discharge to Snohomish River or Puget Sound

TRIGGERED REQUIREMENTS:

- MR2 Only MR1-5 MR1-9

QUANTITY OF PROPOSED HARD SURFACES:

Proposed Roof Area: _____ SF

Proposed Hardscape: _____ SF

Total New + Replaced: _____ SF

CONTACT INFORMATION

OWNER / APPLICANT NAME: _____

OWNER / APP. MAILING ADDRESS: STREET _____

CITY _____

STATE _____

ZIP _____

OWNER / APP. PHONE: _____

OWNER / APP. EMAIL: _____

*Required for Work in Public Right-of-Way

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: STREET _____

CITY _____

STATE _____

ZIP _____

CONTRACTOR PHONE: _____

CONTRACTOR EMAIL: _____

CONTRACTOR LICENSE #(REQUIRED): _____

EVERETT BUSINESS LICENSE #(REQUIRED): _____

PRIMARY CONTACT: OWNER / APPLICANT CONTRACTOR OTHER (Architect, Engineer, Etc.) _____

CONTACT NAME: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

ACKNOWLEDGEMENT: I have reviewed this application and confirm the information contained herein is true and correct. Work done pursuant to this permit must comply with current federal, state, and local law. The granting of a permit only authorizes approved work and no deviations therefrom. Deviations must first be authorized in writing from the Building Official before being authorized under any circumstance. I am the owner, or I am authorized by the owner of this property to perform the work for which application is made, and I comply with the State Contractors Law 18.27 RCW and 296.200A WAC.

City of Everett Official Use Only

PERMIT #

PW

(Revised 4/21/2022)

Owner/Authorized Agent Signature _____

Date _____