



BUILDING PERMIT APPLICATION

CITY OF EVERETT PERMIT SERVICES

SUBMITTAL INSTRUCTIONS: See applicable submittal checklist for submittal requirements and number of copies required for review, then drop off completed application plus all required submittal documents to 3200 Cedar Street 2nd Floor Intake Drop Box.
CONTACT INFORMATION: (P) 425-257-8810 | (E) PermitServices@everettwa.gov | (W) everettwa.gov/permits

(Blue or Black Ink Only Please) **PROJECT SITE INFORMATION**

PROJECT SITE ADDRESS:	STREET	PARCEL #:	
	CITY	STATE	ZIP
SUITE/UNIT #:	FLOOR #:	ADDITIONAL LOCATION INFORMATION (if applicable):	
TENANT/BUSINESS NAME (if non-residential):			
LEGAL DESCRIPTION for new construction: Short Plat/subdivision:		Lot No.:	(attach copy of long legal description)

CONTACT INFORMATION

OWNER NAME:	
OWNER MAILING ADDRESS:	STREET
	CITY STATE ZIP
OWNER PHONE:	OWNER EMAIL:
CONTRACTOR COMPANY NAME:	
WA STATE CONTRACTOR LICENSE #(REQUIRED):	CITY OF EVERETT BUSINESS LICENSE #(REQUIRED):
CONTRACTOR ADDRESS:	STREET
	CITY STATE ZIP
CONTRACTOR PHONE:	CONTRACTOR EMAIL:
PRIMARY CONTACT: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Please Specify) _____	
CONTACT NAME:	CONTACT PHONE:
	CONTACT EMAIL:

BUILDING INFORMATION

VALUATION OF WORK: \$	ASSOCIATED LAND USE PROJECT # (if applicable):
<small>(Valuation shall include the prevailing fair market value of all labor, materials, and equipment needed to complete the work, whether actually paid or not.)</small>	
EXISTING USE OF BUILDING:	
PROPOSED USE OF BUILDING:	
HEAT SOURCE: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____	
BUILDING TYPE: <input type="checkbox"/> SFR <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> ADU <input type="checkbox"/> Multi-Family - # Units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory Structure	
TYPE OF PROJECT (check all that apply): <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> T.I. <input type="checkbox"/> Change of Use	
<input type="checkbox"/> Modular <input type="checkbox"/> Portable <input type="checkbox"/> Re-roof <input type="checkbox"/> Exterior Alteration <input type="checkbox"/> Tank (above ground) <input type="checkbox"/> Accessory Structure	
<input type="checkbox"/> Fence over 7ft high <input type="checkbox"/> RackStorage <input type="checkbox"/> Pool/Hot Tub <input type="checkbox"/> Tank (above ground) <input type="checkbox"/> Other: _____	
DESCRIPTION OF WORK:	

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 #

Owner/Authorized Agent Signature _____ Date _____

(Revised 4/21/2022)