



COMMERCIAL MULTI-FAMILY BUILDING PERMIT APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

FOR STAFF USE ONLY	
Value of Construction \$	_____
Permit Number(s)	_____
Plan Check Fee \$	_____ State Fee \$ _____
Permit Fee \$	_____ Certificate of Occupancy Fee \$ _____
Receipt Number(s)	_____ Total Fees \$ _____
Processed by: _____ (Initials) Date: ____/____/____	

A [Permit Contact Information Form](#), completed and signed, is required to accompany this application.

Job Site Address _____

Description of Work _____

Proposed Use _____

Type of Construction _____ Square Footage _____

Roofing Detail Tear Off Sheathing Composition Shake
 Built Up Tile Other _____ Square Footage _____

Project Valuation _____

I certify the information provided on this application is true and correct.

Owner / Agent _____ Date _____
Print

Owner / Agent _____
Signature



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PERMIT CONTACT INFORMATION

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Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Signed: _____ **Print Name:** _____ **Date:** _____



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AFFIDAVIT of APPLICANT STATUS and Acceptance of Financial Responsibility for Project Fees

Please indicate which of the following options describes your project:

- Property Owner is Responsible for Fees and Application Materials
- Property Owner is Responsible for Fees and Someone Other than Property Owner (“Applicant”) is Responsible for Application Materials
- Someone Other than Property Owner (“Applicant”) is Responsible for Fees and Application Materials

Please fill out the Project Property Information, Property Owner Information, and Applicant Information (if applicable) sections below, check the appropriate boxes on page 2, and sign.

Project Property Information

Property Address: _____
Snohomish County Tax Parcel Number(s): _____
Development Name (if applicable): _____
Project Description: _____

Property Owner Information

Owner Name: _____ Company (if applicable): _____
Owner E-mail: _____ Title: _____
Owner Address: _____
Owner Phone: _____

Applicant Information (If Applicable)

Applicant Name: _____ Company (if applicable): _____
Applicant E-mail: _____ Contractor L7I No.: _____
Applicant Address: _____
Applicant Phone: _____

Affidavit of Applicant Status

Select one of the following:

- Owner hereby certifies that Owner is the legal owner(s) of the Project Property described above, and is legally entitled to acquire permits and approvals for the Project.
- Owner hereby certifies that Owner is the legal owner(s) of the Project Property described above. Owner further certifies that _____ (“Applicant”) is authorized to act on Owner’s behalf to acquire permits and approvals for the Project, and designates Applicant as the primary contact to work with City staff for such purposes.

Acceptance of Financial Responsibility

Select one of the following:

- As Owner(s), I/we accept financial responsibility for all fees associated with this permit for reviews and approvals performed by the City or contracted agencies. I/we agree to pay all permit fees, costs of review, and other associated fees, regardless whether the permit is issued or whether the application is canceled before permit issuance. Refunds will be mailed to Owner unless the City has received written authorization from Owner stipulating payment to a third party. If my/our address changes at any time before the City has received full payment for all fees billed or owing, I/we will immediately notify the City of the new address.
- As Applicant(s), I/we accept financial responsibility for all fees associated with this permit for reviews and approvals performed by the City or contracted agencies. I/we agree to pay all permit fees, costs of review, and other associated fees, regardless whether the permit is issued or whether the application is canceled before permit issuance. Refunds will be mailed to Applicant unless the City has received written authorization from Applicant stipulating payment to a third party. If my/our address changes at any time before the City has received full payment for all fees billed or owing, I/we will immediately notify the City of the new address. (Applicant(s) must sign below.)

Signatures

Property Owner’s Signature: _____ Date: _____

Property Owner’s Signature: _____ Date: _____

Applicant’s Signature (if applicable): _____ Date: _____

Applicant’s Signature (if applicable): _____ Date: _____