



CITY OF BLAINE

COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

435 MARTIN STREET, SUITE 3000 • BLAINE, WA • 98230
 PHONE: (360) 332-8311 • FAX: (360) 543-9978
 www.cityofblaine.com

Single-Family Residential Building Permit Application

FOR OFFICE USE ONLY	
Building Permit Deposit 020 Permit Fee \$ _____	
Receipt # _____	STAMP IN DATE

APPLICANT INFORMATION

Project Name or Tenant (If Applicable):			*Value of Construction:		
Site Address:			Tax Parcel Number:		
General Location:			Lot Number:		
Contact Person:			Firm or Company Name:		
Address:			Telephone #:		
City:	State / Province:	Zip/Postal Code:	Email Address:		
Contractor:		UBI #	Telephone #:		
Address:		City / State / Zip:	E-Mail Address:		
State Contractor's License #	Expiration Date:		City of Blaine Business License: Current: Yes No Expires:		
Architect of Record –Contact Name:			Firm or Company Name:		
Address:			Telephone #:		
City:	City / State / Zip:		E-Mail Address:		
Engineer of Record – Contact Name:			Firm or Company Name:		
Address:			Telephone #:		
City:	City / State / Zip:		E-Mail Address:		
Property Owner:			Telephone #:		
Address:			Cell Phone #:		
City:	City / State / Zip:		E-Mail Address:		

DESCRIPTION OF WORK TO BE DONE (include separate sheets as necessary):

TYPE OF WORK:	New – Single Family Residence			New Residential - Accessory Structure		
	Addition – Single Family Residence			Addition - Accessory Structure		
	Interior Remodel – Single Family Residence			Interior Remodel – Accessory Structure		
	Deck	Covered	Uncovered	Garage	Carport	Uncovered

TYPE OF CONSTRUCTION	Type V-N	Other _____	IRC Occupancy:	R-3	U-1	Other _____
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New or Addition Square Footage:	_____ S.F. Dwelling	_____ S.F. Garage/Carport
_____ S.F. Accessory Structure	_____ S.F. Covered Deck	_____ S.F. Uncovered Deck
Remodeled Area Square Footage:	_____ S.F. Dwelling	_____ S.F. Garage/Carport
_____ S.F. Accessory Structure	_____ S.F. Covered Deck	_____ S.F. Uncovered Deck
Total Square Footage of the Structure(s):	_____ S.F. Dwelling	_____ S.F. Garage/Carport
_____ S.F. Accessory Structure	_____ S.F. Covered Deck	_____ S.F. Uncovered Deck

* **Value of Construction** – The value of construction shall include the prevailing fair market value of all labor, materials & equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work of equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section R108.3 of the International Residential Code.

Expiration of Plan Review – Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section R105.3.2 of the International Residential Code.

ACKNOWLEDGEMENT

By signing the application form, the applicant/owner attests that the information provided herein is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application may result in an issued permit being null and void.

I, the applicant/owner, certify that this application is being made with the full knowledge and consent of all owners of the property in question. I also agree to provide access and right of entry to City of Blaine and its employees, representatives or agents for the sole purpose of application review and any required later inspections. This right of entry shall expire when the City (through the Director or designee) concludes the application has complied with all applicable laws and regulations. Access and right of entry to the applicant's property shall be requested and shall occur only during regular business hours.

_____ (PROPERTY OWNER -**PRINT NAME**) _____ (DATE)

I hereby designate _____ to act as my agent in matters related to this application
 (LICENSED CONTRACTOR'S NAME-**PRINT NAME**)

For permit(s.)

_____ (PROPERTY OWNER-APPLICANT - **SIGNATURE**) _____ (DATE)