

CITY OF SUMAS  
**Building Permit Application**

Permit # \_\_\_\_\_

All applicable information must be included. Your application may not be accepted if this form is incomplete.

Site Information					
Job Site Address:					Tax Parcel #
Subdivision Name:		Division #	Block #		Lot #
Contact Information					
Legal Property Owner	Name:	Address:			Phone #
Project Contractor	Name:	Address:			Phone #
	Contractor's License #			Expiration Date:	Sumas Business License #
Plumbing Contractor	Name:	Address:			Phone #
	Contractor's License #			Expiration Date:	Sumas Business License #
Project Description					
Proposed Use – described work: _____ _____ _____					
Square Footage:	Living area _____ (1 <sup>st</sup> floor _____ 2 <sup>nd</sup> floor _____) Garage _____				# Bathrooms: _____
	Porch/ Patio/ Deck _____/_____/_____ Bonus Room _____ Basement _____				# Bedrooms: _____
Zoning:		Heat Source:    Natural Gas    Propane    Oil    Electric			
Plumbing Permit			Mechanical Permit		
No.	Type of Fixture or Item	Fee	No.	Type of Equipment	Fee
	Bathtub			Air Handling Unit <10,000 LFM	
	Clothes Washer			Boiler/ Compressor 15 HP	
	Dishwasher			Boiler Compressor 35 HP	
	Drinking Fountain			Clothes Dryer	
	Floor Drains			Fireplace Insert	
	Hose Bibbs (faucets)			Fuel Tank <1100 GAL	
	Hot Tub/ Pool/ Misc.			Furnace <100 BTU	
	Hot Water Heater (all)			Furnace > 100 BTU	
	Kitchen Sink & Disp.			Gas Fireplace	
	Laundry Tray			Gas Hot Water Heater	
	Lavatory (wash basin)			Gas Piping	
	Water Piping			Heat Pump	
	Roof Drains – Rainleaders			Kitchen Range/ hood System- Res.	
	Service Sink/ Bar			Other Units	
	Shower			Propane Tank	
	Urinal			Unit Heater	
	Water Closet (toilet)			Vent Fans	
	Building Sewer			Woodstove	
SUBTOTAL		\$	SUBTOTAL		\$
PERMIT FEE		\$	PERMIT FEE		\$
TOTAL FEE		\$	TOTAL FEE		\$

Applicant attests that all information provided on this application and accompanying material is true and accurate. Applicant is responsible for fees for reviews completed by the City in preparing this permit for issuance, regardless whether the permit is issued or cancelled.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Permit # \_\_\_\_\_

**OFFICE USE ONLY**

Project Name:	Class:	Lot Area:
Max HT:	BLD Use:	Dwell Unit:

Setback Requirements	
Front:	Rear:
Side:	
Shoreline:	Top of Bank Setback
Required Parking Spaces:	

Flood Information		
Base Flood Elevation:	Special Flood Risk	# Flood Vents Yes / No
Finish Floor Elevation:	Flood Corridor:	Breakaway Walls Yes / No

Building Information			
Occupancy Group:	Type of Construction:	Occupant Load:	Building Area
Stories:	Basement: Yes / No	Fire Sprinklers: Yes / No	

Permit Review	Fees	Square Footage & Valuation	
Total Plan Check Fee			
Building			
State Surcharge			
Plumbing			
Mechanical			
Fill Permit			
Flood Plain Permit			
Conditional Use			
Variance			
Temp. Power		<b>Conditions – To be input by originator</b>	
Sewer Hookup			
Water Hookup			
Storm Hookup			
Modular Home			
		Application Accepted:	Permit Issued:
		Initials: _____	Initials: _____
<b>Total</b>		Date: _____	Date: _____

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSTRUCTION and DEMOLITION**  
**Permit Attachment**  
**WASTE MANAGEMENT DECLARATION**

Complete this form and submit with the construction and/or demolition permit application packet.

Project Address: \_\_\_\_\_

Type of Structure: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Waste Transporter: \_\_\_\_\_ Phone: \_\_\_\_\_

**Whatcom County Code (WCC), Chapter 24.08**, the Demolition and Inert Landfill Regulation; required disposal at a permitted facility of any demolition and inert solid waste resulting from demolition, razing, or construction of buildings, roads and other manmade structures.

**WCC Chapter 8.28**, the Litter Control Regulation; requires that all litter at constructions sites be stored or deposited in a container or receptacle; prohibits dumping or burial of any solid waste or dangerous waste, and stipulates fines for violations.

**The person responsible for wastes generated by this project is hereby informed and agrees to comply with the following:**

1. Wastes will be containerized to prevent littering.
2. Waste shall not be buried. Burial of solid waste is not allowed.
3. Waste shall not be burned. Burning solid waste is not allowed.
4. Receipts for waste disposal or recycling will be retained and provide upon request.
5. **Wastes will be transported to the following facilities for Disposal or Recycling:**

<i>Est. Quantity</i>	<i>Material Type</i>	<i>Facility name and Telephone. <b>Call for instructions</b></i>
	Garbage, non-recyclable wastes:	
	Wood waste: Clean or Coated:	
	Roofing paper and Shingles:	
	Concrete & asphalt pavement:	
	Metals, glass, Sheetrock:	
	Land clearing debris:	
	Household hazardous wastes:	Call the Disposal of Toxics Program for details. 360-380-4640
	Asbestos wastes:	Call Northwest Air Pollution Authority, NWAPA 1-800-622-4627
	Other:	

**Sign below to indicate that you have read this form and commit to the following:**

1. I certify that waste from this project will be handled, stored, transported and disposed of in a manner consistent the laws of Washington State, Whatcom County, and this declaration.
2. I understand that if waste from this project is illegally dumped, buried, burned or littered, then I am subject to fines and/or prosecution.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_