Completed applications can be emailed to saulakh@cityofsumas.com

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 Email		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: _____

_____

_____

Valuation of Project (Professional Estimate Required): $

Square Footage:	Living area _____ (1st floor _____ 2nd 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: _____

Revised: 12/6/2023

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		**Conditions – To be input by originator**	
Temp. Power			
Sewer Hookup			
Water Hookup			
Storm Hookup			
Modular Home			
		Application Accepted:	**Permit Issued:**
		Initials: _____	**Initials: _____**
Total		**Date: _____**	**Date: _____**