

CONSTRUCTION PERMIT APPLICATION

City of Lynden Public Works Department – Building Permits
300 4th Street - Phone 360-354-3446

Permit # _____

P E R M I T I N F O R M A T I O N	Job Address: _____ Parcel Number _____
	Legal Description of Property: Lot _____ of _____
	Lender _____ Mailing Address _____ Phone _____ <small>(Lender information must be provided for projects over \$5,000 in valuation per RCW 19.27.095)</small>
	Owner _____ Mailing Address _____ Phone _____
	General Contractor _____ Mailing Address _____ Phone _____
	General Contractor License # _____ Expiration Date _____ City Business License # _____
	Proposed use — describe work: _____ _____ _____
	Square footage: Living area _____ (1 st floor _____ 2 nd floor _____) Garage _____ Porch/Patio/Deck ____/____/____
	Square footage: Bonus room _____ Basement _____ Number of bedrooms _____ Number of bathroom/s _____
	Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Building relocation & site address _____
Owner's estimated construction cost \$ _____ Permit construction value (for office use only): \$ _____	

PLUMBING (If Applicable)		
#	Type of Fixture or item	Office use only
	Toilet	
	Bathtub	
	Bathroom Sinks (Lavatory)	
	Shower	
	Kitchen sink & disposal	
	Dishwasher	
	Laundry tray	
	Clothes washer	
	Electric hot water heater	
	Urinal	
	Drinking fountain	
	Floor drain	
	Roof drains - rainleaders	
	Sink (service -- bar, etc.)	
	Hot tub/swimming pool	
	SUB TOTAL	\$
	PERMIT	\$
	TOTAL FEE	\$

MECHANICAL (If Applicable)		
#	Type of Equipment	Office use only
	A/C - A/HNDLG units - HP	
	Forced air systems – BTU _____	
	Unit heaters - BTU	
	Clothes dryers	
	Ventilation fan	
	Range hood/exhaust fan	
	Gas hot water heater	
	Wood stove/fireplace insert	
	Gas fireplace (Existing chimney – yes / no)	
	Masonry fireplace/chimney	
	Heat pump	
	Gas piping	
	Fuel tank	
	SUB TOTAL	\$
	PERMIT	\$
	TOTAL FEE	\$

PLANNING INFORMATION		
Front setback to eave	Side setbacks to eave	Rear setback to eave
Use zone	SEPA required <input type="checkbox"/> Yes <input type="checkbox"/> No	Lot area
Shoreline <input type="checkbox"/> Yes <input type="checkbox"/> No	Max height	Building type
Fire sprinklers <input type="checkbox"/>	No. of dwelling units	Occupancy group

PERMIT FEES (For Office Use Only)	FEE
Building	
Plan Check	
Mechanical	
Plumbing	
State Building surcharge (BCF)	
TOTAL	
Estimated Plan Check Fee	
Receipt # _____ Date Paid: _____	
BALANCE DUE	
Receipt # _____ Date Paid: _____	

Application expires if not issued within 180 days from date of application.
An unexpired permit may be extended once, not exceeding 180 days, if requested in writing.

OWNER/APPLICANT/AGENT SIGNATURE: _____ DATE: _____

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete, and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If, at any point during the review or inspection process, I am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner.

NOTICE — Permit Applications may be submitted in person at the Public Works Department Counter, or other arrangements can be made by phone.