



9605 NE 24th Street
 Clyde Hill, WA 98004
 Phone: 425-453-7800
 Fax: 425-462-1936
 www.clydehill.org

Application for Building Permit

Accepted by: _____ Date: _____
 Approved by: _____ Date: _____
 Issued by: _____ Date: _____

- Residential School Business Government

Description of Work: _____

Property Address: _____
 Tax Parcel Number: _____
 Owner: _____
 Phone: _____
 email: _____
 Mailing Address: _____
 (If different than site address.) _____

Project Contact: _____
 Company: _____
 Phone: _____
 email: _____
 Address: _____
 Owner has signed a Declaration of Agency Form

Contractor: _____
 Phone: _____
 email: _____
 Address: _____
 WA State UBI #: _____
 WA State Contractor's License #: _____
 License Expiration Date: _____
 Contractor has procured a Clyde Hill Business License

Project Type:

New Residence
 Substantial Remodel
 Alteration
 Antenna Equipment
 Storm Drainage
 Fence over six feet
 Accessory Structure
 Accessory Dwelling Unit
 Window Replacement
 Re-roof
 Grading
Fill in Grading Fees section

Lot Coverage:

Total Lot Size: _____ ft²
Structural Coverage:
 Existing: _____ ft²
 Proposed: _____ ft²
 Proposed %: _____ %
Impervious Coverage:
 Existing: _____ ft²
 Proposed: _____ ft²
 Proposed %: _____ %

Grading Fees: If the total amount of import and export material is more than 100 yds³, a SEPA review is required.

Enter the total quantity of this project's import and export material: _____

Quantity > 50 yds³: _____ yds³ @ \$0.35 = \$ _____
 Quantity less than or equal to 50 yds³: Issuance Fee = \$ 50.00

Total Grading Fee = \$ _____

Information required per RCW 19.27.095(5)

Lender administering interim construction financing -or -
 Firm that issued a payment bond on behalf of the prime contractor:

Name: _____
 Phone: _____
 Address: _____

I understand that all plan check fees must be paid whether a building permit is issued or not.
 I understand that this permit does not cover plumbing, sewer, gas piping or electrical installations.
 I understand that all sales tax must be coded to the City of Clyde Hill, Sales Tax #1708.
 I understand that a list of any sub-contractors, their UBI numbers and contact information must be submitted and that they must obtain a Clyde Hill Business License before they start work.
 I understand that this permit is subject to all approval and expiration regulations as specified in Clyde Hill Municipal Code Title 15.
 I certify under penalty of perjury and the laws of the State of WA, that the information furnished by me is true and correct, that the required application documents have been included, and that all construction work will conform to the requirements of the WA State Building Code and the City of Clyde Hill Municipal Code.

Signature of Owner or Authorized Agent: _____
Date: _____

Owner's Estimated Value:

\$ _____

The Owner's estimated value is used to determine the Plan Review Deposit. The final determination of project value is made by the Building Official.
 (CHMC Section 15.08)

Related Permits:

City of Bellevue Fire Department review stamp on submitted plans.
 O.G. # _____
 Demolition # _____
 Mechanical # _____
 SEPA # _____
 Variance # _____

Other associated permits:

Building Official's Project Valuation \$ _____

Plan Review Deposit:	\$ _____	Receipt # _____	Date: _____
Actual Plan Review Fee:	\$ _____		
Plan Review Fee Owed:	\$ _____	Receipt # _____	Date: _____
Building Permit Fee:	\$ _____	Receipt # _____	Date: _____
WA State Fee:	\$ _____	Receipt # _____	Date: _____
Mechanical Fee:	\$ _____	Receipt # _____	Date: _____
Grading Fee:	\$ _____	Receipt # _____	Date: _____
Fines & Penalties:	\$ _____	Receipt # _____	Date: _____
Bond:	\$ _____	Receipt # _____	Date: _____

Permit Number

This permit expires on:
