



Commercial Building Permit Application

City of La Center, Building Services
 210 E 4th Street
 La Center, WA 98629
 Ph. 360-263-7665 Fax 360-263-7666
 Inspection Line: 360-263-6702
 Inspection Email: inspections@ci.lacenter.wa.us

JOB SITE LOCATION				Office Use Only	
Project Address or Tax ID:				Permit #:	
Subdivision:		Lot #:		Received by:	
PROPERTY OWNER				Fee Paid:	
Name:				Date Submitted:	
Address, City, State, Zip:				Cust. #:	
Phone:		Email:		DESCRIPTION OF WORK	
CONTRACTOR					
Business Name:					
Address, City, State, Zip:					
Phone:		Email:			
WA State Contractor's License #:					
SUB-CONTRACTORS					
Plumbing:		Mechanical:			
Contractor's License #:		Contractor's License #:			
Phone:		Phone:			
APPLICANT					
Company Name:					
Contact Name:					
Address, City, State, Zip:					
Phone:		Email:			
PERMIT TYPE		CATEGORY OF CONSTRUCTION			
New Construction	Addition/Remodel	Commercial		Multi-Family	
Plumbing	Mechanical	Other (specify):			
Tenant Improvement	Other (specify)				
Type of Utility		NEW SQUARE FOOTAGE/VALUATION			
Sewer	Storm Water	New Building sq. ft.			
ERU	Total Impervious Area	Number of Units			
ERU Estimate		Occupancy Type			
Refer to 13.10.350 table in La Center Municipal Code for ERU Estimate				Tenant Improvement sq. ft.	
MECHANICAL INFORMATION				Type of Construction	
Fuel Type	Gas	Electric	Other	Value of Proposed Work	
System Type	Forced Air	Ductless	Room Heater	Value of Existing Building	
	Heat Pump	Other			
Mechanical Valuation			\$	Permit fees are based on materials and labor of work performed	

PLUMBING FIXTURE COUNT (please indicate the number of each fixture) **Total Fixtures:** _____

Toilets	Dental Lavatory	Ice Machine	Dental Chair	Irrigation <small>(separate permit)</small>
Urinal	Dishwasher	Glass Washer	Wash Tray	Roof Drain
Tub/Shower	Washing Machine	Swimming Pool	Glass Fill Station	Floor Drain
Kitchen Sink	Water Softener	Dry Well	Grease Trap	Fountain Drain
Laundry Sink	Coffee Maker	Alt. Water Piping	X-Ray Tank	Drain Field
Floor Sink	Sump Pump	Alt. Waste Piping	Gas Pipe Outlets	Area Drain
Bar Sink	Drinking Fountain	Septic Tank	Sewer Connection	Refrigerator Drain
Bathroom Sink	Garbage Disposal	Trailer Trap	Water Connection	Processing Equip. Drain
Service Sink	Hose Bibs	Aspirator	Electric Water Heater	Rainwater System Drain
Auto Washer	Car Wash Sump	Medical Gas Outlet	Gas Water Heater	Relay Sewer
Industrial Pretreatment Interceptor	Repair/Alt. Drain Vent Piping	Additional Medical Piping	Boiler System (electric)	Other (Specify)

MECHANICAL FIXTURE COUNT (please indicate the number of each fixture) **Total Fixtures:** _____

Air Hand. <10,000 CFM	Boiler or Compr. <15-30hp	Fuel Gas Vents	Heat Pump/ AC 3-15	Vent Fan w/ Duct
Air Hand. >10,000 CFM	Boiler or Compr. <30-50hp	Furnace Floor	Heat Pump/ A/C 15-30	Hood w/ Mech. Exhaust
Appliances	Boiler or Compr. >50hp	Furnace <1000k BTU	Heat Pump/ A/C 30-50	Ventilation / Exhaust System
Add./Alt. Heating/Cooling Appliances	Cooling Unit	Furnace >1000k BTU	Heat Pump/ A/C >50	Wood/Pellet/Gas Stove/Fireplace Insert
Appliance Ventilation	Ducts	Gas Fireplace	Heater	Wood/Pellet/Gas Stove/Fireplace Free Standing
Boiler or Compr. <3hp	Ductless Interior Unit/Air Handlers <10,000 CFM	Gas Piping System	Incinerator Commercial	Other (Specify)
Boiler or Compr. 3-15hp	Evap. Cooler	Heat Pump/ AC 0-3	Incinerator Residential	

** This permit becomes null and void if work or construction authorized is not commenced within 180 days from submittal, or if construction of work is suspended or abandoned for a period of 180 days at any time after work has commenced. I also understand that any request for a refund must comply with the City of La Center refund procedures. I hereby certify that I read and examined this application and know the same to be true and correct and agree to comply with City ordinances and state laws regulating the performance of construction. I certify that I am either the property owner or Washington State licensed contractor or an authorized agent applying for the permit under the explicit permission of the property owner.

Signature: _____ Date: _____