



23204 58th Avenue West
 Mountlake Terrace, WA 98043
 Phone 425.744.6267 Fax 425.778.6421
PermitSpecialist@ci.mtl.wa.us
www.cityofmlt.com

BUILDING APPLICATION

- Commercial Multi-Family
 Residential Other

Application # _____

- New Repair Remodel

OWNER / AGENT CONTACT INFORMATION

<u>OWNER</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
Contact Name _____	
E-mail _____	
Ph _____ Fax _____	

<u>CONTRACTOR</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
State Lic. # _____	
City Lic. # _____	

Job Site Address _____

Business or Project Name _____

Description of Work _____

Proposed Use _____

Type of Construction _____

Value of Construction \$ _____ Square Footage _____

Parcel/Tax Account # _____

Roofing Detail Tear Off Sheathing Composition Shake
 Built Up Tile Other _____

Square Footage of Roofing _____

I hereby request and authorize the City of Mountlake Terrace to send out the above-referenced project to a third party consultant for review. I understand that the Third Party Review fees (50% of Building Permit Fee) must be submitted by separate check with this form and that these fees are in addition to standard plan review fees.

OPTIONAL EXPEDITED REVIEW
 (SEPARATE CONTRACT REQUIRED)

NO

YES

I certify to the best of my knowledge, the information provided on this permit application is true and correct.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

OFFICE USE ONLY

Received by _____ Date _____ Type of Construction _____

Building Dept. Valuation \$ _____ Preliminary Plan Check Fee \$ _____

Receipt Number _____ Date _____

1) State Building Code Fee	\$ _____
2) Plan Check Fee Adjusted	\$ _____
3) Permit Fee Adjustment	\$ _____
4) Building Permit Fee	\$ _____
TOTAL BALANCE DUE	\$ _____
RECEIPT NUMBER _____	Date _____