



# COMMERCIAL MULTI-FAMILY BUILDING PERMIT APPLICATION

6100 219<sup>th</sup> Street SW, Suite 200  
Mountlake Terrace, WA 98043  
Phone 425.744.6267  
[PermitSpecialist@ci.mlt.wa.us](mailto:PermitSpecialist@ci.mlt.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

FOR STAFF USE ONLY	
Value of Construction \$	_____
Permit Number(s)	_____
Plan Check Fee \$	_____ State Fee \$ _____
Permit Fee \$	_____ Certificate of Occupancy Fee \$ _____
Receipt Number(s)	_____ Total Fees \$ _____
Processed by: _____ (Initials) Date: ____/____/____	

A [Permit Contact Information Form](#), completed and signed, is required to accompany this application.

Job Site Address \_\_\_\_\_

Description of Work \_\_\_\_\_

Proposed Use \_\_\_\_\_

Type of Construction \_\_\_\_\_ Square Footage \_\_\_\_\_

Roofing Detail  Tear Off  Sheathing  Composition  Shake  
 Built Up  Tile  Other \_\_\_\_\_ Square Footage \_\_\_\_\_

Project Valuation \_\_\_\_\_

I certify the information provided on this application is true and correct.

Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_  
Print

Owner / Agent \_\_\_\_\_  
Signature



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# PERMIT CONTACT INFORMATION

<b>FOR STAFF USE ONLY</b>
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

**Project Name/Name of Business (If Applicable)** \_\_\_\_\_

Subject Property Address \_\_\_\_\_ Suite No. \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

<b>Applicant</b> _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

<b>Property Owner</b> _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

<b>Contractor</b> _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

<b>Contact Person:</b> _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

<b>Design Professional:</b> _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_