

**TOWN OF BEAUX ARTS VILLAGE  
BUILDING DEPARTMENT**



10550 SE 27th Street  
Beaux Arts, WA 98004  
425.269.6985 Fax 425.688.1786  
email: bldgdept@beauxarts-wa.gov

The correct number of permit application documents pertinent to this project have been included in this submittal  
  
x \_\_\_\_\_  
(Applicant Initials)

**FOR INSPECTIONS CALL:**  
Kolke Consulting Group  
425.255.3099

**PERMIT NO. MP**

ACCEPTED \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
ISSUED \_\_\_\_\_ DATE \_\_\_\_\_  
BLDG PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION FOR PLAN REVIEW AND/OR MECHANICAL PERMIT**

PROPERTY ADDRESS \_\_\_\_\_ ZONING \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
OWNER'S AGENT \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
ARCH./DESIGNER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CONTRACTOR NAME \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_ EXPIRES \_\_\_\_\_ TAX NO. \_\_\_\_\_  
PROPERTY LEGAL DESCRIPTION \_\_\_\_\_

ASSESSOR'S PARCEL NO. \_\_\_\_\_ - \_\_\_\_\_  
(Attach separate legal description, if necessary)

FUEL TYPE	IMPROVEMENT TYPE	EQUIPMENT TYPE
<input type="checkbox"/> ELECTRIC, excl Heat Pumps	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> FURNACE
<input type="checkbox"/> GAS / PROPANE	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CENTRAL AIR CONDITIONING
<input type="checkbox"/> OIL	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> HYDRONIC BOILER
<input type="checkbox"/> WOOD	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> WATER HEATER
<input type="checkbox"/> HEAT PUMPS	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEHUMIDIFICATION SYSTEM
<input type="checkbox"/> OTHER: Specify:	<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> OTHER: Specify
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

ESTIMATED FAIR-MARKET VALUE OF PROJECT \$ \_\_\_\_\_

IS WORK WITHIN 200 FEET OF LAKE WASHINGTON ORDINARY HIGH WATER LINE?  YES  NO

**I certify under penalty of perjury that I am the owner of the above described property or the duly authorized agent of the owner(s) acting on behalf of the owner(s) and that all information furnished in support of this permit application is true and correct. I further certify that all applicable Federal, state, county, and Town of Beaux Arts Village requirements for the work authorized by this permit will be met.**

SIGNATURE \_\_\_\_\_ OWNER  AGENT  DATE \_\_\_\_\_

This section to be completed by Town staff:

VALUATION _____	RECEIPT NO. _____	PLAN REVIEW FEE \$ _____
		PLAN REVIEW DEPOSIT _____
		BALANCE DUE _____
		PERMIT FEE \$ <u>100.00</u>
	RECEIPT NO. _____	TOTAL DUE AT ISSUE _____