



PERMIT NUMBER							
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801 – 228<sup>th</sup> Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

## Registered Plan Application

Registered Plan Number:	
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### REGISTERED PLAN CONTACT DATA

Company Name:	Phone/Fax:
Contact:	
Mailing Address:	City/State/Zip:
Email:	Cell:

### ENGINEER

Name:	Phone/Fax:
Mailing Address:	City/State/Zip:
Email:	Cell:

### ARCHITECT

Company Name:	Phone/Fax:
Mailing Address:	City/State/Zip:
Email:	Cell:

### GENERAL CONTRACTOR

Company Name:	Phone/Fax:
Contact:	
Mailing Address:	City/State/Zip:
Email:	Cell:
State License No:	Expiration:

### BUILDING DATA

### NEW BUILDING SQUARE FOOTAGE

Occupancy Class:	Basement:	Deck: sq.ft. Covered
Occupant Land:		Deck: sq.ft. Uncovered
Construction Type:	Second Floor:	Porch: sq.ft. Covered
	Third Floor:	Porch: sq.ft. Uncovered
Construction Type:	Garage/Carport:	
Bedroom Count:	Bathroom Count:	

Number of Options: (enter N/A if none)

**ENERGY and VENTILATION**

Prescriptive Option		Ventilation Option		Maximum Furnace Sizing Btu/hr	
Heat Type:					

**DESIGN CRITERIA**

Assumed Soil Bearing		Geotech Report Included		Seismic Design Method	
Actual Soil Bearing		Wind Exposure		S1	SDS

**ENGINEERING PROVIDED FOR: (Check =Yes)**

<input type="checkbox"/>	Full Structure	<input type="checkbox"/>	Partial Engineered Design	<input type="checkbox"/>	Pony Walls
<input type="checkbox"/>	Foundation Footings	<input type="checkbox"/>	Full Engineered Design	<input type="checkbox"/>	Over-Height Studs
<input type="checkbox"/>	Retaining Walls	<input type="checkbox"/>	Gravity Only	<input type="checkbox"/>	

**OPTIONS**

<b>Option 1 Description</b>	<b>Option 1 Approval Date:</b>
<b>Option 2 Description</b>	<b>Option 2 Approval Date:</b>
<b>Option 3 Description</b>	<b>Option 3 Approval Date:</b>
<b>Option 4 Description</b>	<b>Option 4 Approval Date:</b>
<b>Option 5 Description</b>	<b>Option 5 Approval Date:</b>
<b>Option 6 Description</b>	<b>Option 6 Approval Date:</b>

**APPLICANT**

Application or construction documents will be reviewed within a reasonable time period based on the current workload. Construction documents which do not conform to the requirements of 16.05, 16.10 and 16.20 SMC will be rejected in writing, stating the reason(s).

Applications for which no permit is issued within one year following the date of application shall expire by limitation. Applications may also be canceled for inactivity, if an applicant fails to respond to the department's written request for revisions, corrections, actions or additional information within 60 days of the date of request. The Building Official may extend the life of an application for an additional 180 days if any of the conditions listed under 16.20.225 (3) SMC exist.

The Permit Center may authorize refunding of not more than 80 percent of the permit fee paid when no work has been done under a permit issued and not more than 80 percent of the plan review fee paid when an application for a permit for which a plan review fee has been paid is withdrawn or canceled before any plan review is done. No refund shall be made for application or plan review fees where a plan review has been performed and the application is rejected in accordance with 16.20.220 SMC. The Permit Center shall not authorize refunding of any fee paid except on written application filed by the original permittee not later than 180 days after the date of application.

All provision of laws and ordinances governing this type of work shall be complied with. The granting of a permit does not presume to give authority to violate the provisions of any local, state or federal law regulation construction of the performance of construction.

Every permit shall expire 1 year from date of issuance. SM 16.20.235

***I hereby certify that I have read and examined this application and know the same to be true and correct.***

**Signature of Owner or Authorized Agent**

**Date**

**FIXTURE COUNT**

**Mechanical**

**Plumbing**

Air Conditioner/Unit Cooler	Backflow Preventor 2" or less
Barbecue	Backflow Preventor 3" or less
Boiler/Compressor<100,000 BTU	Bidet
Boiler/Compressor<100,000 BTU	Bathroom Sink
Boiler/Compressor<500,000<1,000,000 BTU	Bathtub
Clothes Dryer	Clothes Washer
Duct Extensions (per zone)	Drinking Fountain
Earthquake Valve	Dishwater
Forced Air Furnace,100,000 BTU	Hot Water Heater
Forced Air Furnace,100,000 BTU	Floor Drain
Bath or Laundry Exhaust Fan	Grease Trap
Fireplace or Wood Stove	Hose Bib (each)
Gas Cook Top/Stove	Ice Maker
Gas Log/Lighter/Insert	Laundry Tub
Gas Piping # of Outlets	Pressure Reducing Valve
Generator	Interior Roof Drain
Hydronic Heat Piping Commercial (per zone)	Shower
Hydronic Heat Piping Residential (flat fee)	Sink
Heat Pump	Urinal
Hazardous Piping # of Outlets	Toilet (Water Closet)
Pool or Spa Heater	Other Fixtures
Unit, Floor or Wall Heater	
Kitchen and/or Whole House Fan	
Other Outlets	

**Total Mechanical Fixtures: \_\_\_\_\_**

**Total Plumbing Fixtures: \_\_\_\_\_**

**Total # of Bathrooms: \_\_\_\_\_**