



CITY OF NEWCASTLE  
COMMUNITY DEVELOPMENT

13020 NEWCASTLE WAY  
NEWCASTLE, WA 98059

T: 425.649.4444  
F: 425.649.4363

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## BUILDING PERMIT APPLICATION

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PROPERTY ADDRESS: \_\_\_\_\_ PERMIT # \_\_\_\_\_

ASSESSOR'S PARCEL#: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE LICENSE #: \_\_\_\_\_ NEWCASTLE BUSINESS LICENSE #: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PHONE: \_\_\_\_\_

INTERIM CONSTRUCTION LOAN LENDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

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### DESCRIPTION OF PROPOSED WORK

For addition/remodels: is existing building sprinklered?  Yes  No

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### AGREEMENT

*Applications for which no permit is issued within 180 days following date of application shall expire (IBC/IRC 105.3.2). All permits shall expire after two years from the date of issuance (NMC 15.10.012)*

I hereby certify that I am the owner or owner's authorized agent. If acting as an agent, I further certify that I am authorized, by the owner, to act as the agent regarding the property at the above referenced address for the purpose of filing applications for decisions, permits or review.

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Owner or Owner's Agent Signature

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Date

*Note: If work is performed or materials are received within Newcastle city limits, use location code 1736 when completing the State Excise Tax Return form.*