



**CITY OF MARYSVILLE  
PLANNING AND BUILDING DEPARTMENTS**

**BUILDING PERMIT APPLICATION**

Please print clearly in Ink or Type.

**Date** \_\_\_\_\_

**Residential** \_\_\_\_\_ **Commercial** \_\_\_\_\_ **Sq.Ft.** \_\_\_\_\_ **Job Value \$** \_\_\_\_\_

**Project Address** \_\_\_\_\_ **Assessors Parcel** \_\_\_\_\_

**Project Description** \_\_\_\_\_  
(Work to be done)

**Please Check if Applicable:**

- Permit is being requested as a result of City Code Enforcement action.
- The project site is located in the west Marysville area.
- Supplemental Encroachment Declaration is completed and attached (required).

**Property Owner** \_\_\_\_\_ **Phone #**(\_\_\_\_) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contractor** \_\_\_\_\_ **Phone #**(\_\_\_\_) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**License Type** \_\_\_\_\_ **License #** \_\_\_\_\_ **Expiration** \_\_\_\_\_

**Workers' Comp. Co.** \_\_\_\_\_ **Policy # and Exp.** \_\_\_\_\_

**Architect/Engineer** \_\_\_\_\_ **Phone #**(\_\_\_\_) \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Occupancy Group** \_\_\_\_\_ **Type of Construction** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone #**(\_\_\_\_) \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_

**Please complete Encroachment Declaration on reverse side of this form**

## ENCROACHMENT DECLARATION

Will you be doing any of the following work in conjunction with your building permit?

	<b>YES</b>	<b>NO</b>
Closing an alley, street and/or sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
Cutting any portion of an alley, street or sidewalk	<input type="checkbox"/>	<input type="checkbox"/>
Working above a public right-of-way	<input type="checkbox"/>	<input type="checkbox"/>
Trimming a public tree	<input type="checkbox"/>	<input type="checkbox"/>
Placing a debris box in a public way	<input type="checkbox"/>	<input type="checkbox"/>
Storage of construction equipment	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I have read the above and I have disclosed accurate information regarding the scope of my work at the address I have listed above.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Contractor

\_\_\_\_\_  
Date

Failure to disclose accurate information may result in a \$40.00 fine.

### Submittal Checklist

(To be completed by Building Official)

<u>Req'd</u>	<u>Rec'd</u>	<u>Item</u>	<u>SFR</u>	<u>MFR</u>	<u>COM</u>	<u>COMMENTS</u>
<input type="checkbox"/>	<input type="checkbox"/>	Completed Application Form	1	1	1	
<input type="checkbox"/>	<input type="checkbox"/>	Owner/Bldr. Form (if applicable)	1	1	1	
<input type="checkbox"/>	<input type="checkbox"/>	Design Review Appl. (if applicable)	1	1	1	
<input type="checkbox"/>	<input type="checkbox"/>	Building Plans/Specifications	4	4	4	
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan	4	4	4	
<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Plan (incl. lighting)	2	2		
<input type="checkbox"/>	<input type="checkbox"/>	Roof Top Equipment Specs.		2		
<input type="checkbox"/>	<input type="checkbox"/>	Landscaping Plans	2	4		
<input type="checkbox"/>	<input type="checkbox"/>	Structural Calcs.	2	2	2	
<input type="checkbox"/>	<input type="checkbox"/>	Energy Calcs.	2	2	2	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical Load Calcs.		2	2	
<input type="checkbox"/>	<input type="checkbox"/>	Truss Layout/Calcs. (roof/floor)	2	2	2	
<input type="checkbox"/>	<input type="checkbox"/>	1/4" Scale Restroom Plan		4		
<input type="checkbox"/>	<input type="checkbox"/>	Special Inspection Agreement		1		

### **Plan Check Routing**

Date submitted: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Assigned to: \_\_\_\_\_

	Date	Returned w/comments	Resubmitted revised plans	Other	Approved
To Planning					
To Health Dept					
To Fire					
Plan check ltr					