



CITY OF NEWCASTLE

Community Development Department

Application Date: _____	Intake Staff: _____	Permit #: _____
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BUILDING PERMIT APPLICATION

ALL FIELDS MUST BE COMPLETELY FILLED OUT PRIOR TO SUBMITTAL

Property Address: _____

King Co. Tax Parcel #: _____

Property Owner: _____ Phone: _____
 Mailing Address: _____
 Email Address: _____

Applicant: _____ Phone: _____
 Mailing Address: _____
 Email Address: _____

Contact Person: _____ Phone: _____
 Mailing Address: _____
 Email Address: _____

Contractor: _____ Phone: _____
 State License #: _____ Newcastle Business License #: _____
 Mailing Address: _____

Architect: _____ Phone: _____
 Mailing Address: _____
 Email Address: _____

Description of Proposed Work: _____

<p>Office Use Only</p> <p>New Square Footage:</p> <p>Living Space: _____</p> <p>Garage: _____</p> <p>Basement: _____</p> <p>Deck/Misc.: _____</p>	<p>Plan review fee \$ _____</p> <p>OTHER (list type and sq. ft.): _____</p> <p>OTHER (list type and sq. ft.): _____</p> <p>OTHER (list type and sq. ft.): _____</p> <p>OR Valuation from bid \$ _____</p>
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Agreement

Applications for which no permit is issued within 180 days following date of application shall expire (IBC/IRC).

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, decisions, or review.

 Owner or Owner's Agent

 Date

Note: If work is performed or materials are received within Newcastle City Limits, use location code 1736 when completing State Tax Return Form.