



CITY OF REDMOND
 Development Services Center
 15670 NE 85th Street, 2nd Floor
 Redmond, WA 98052
 (425) 556-2473
 www.redmond.gov

FOR STAFF USE ONLY	
DEV _____	Date: _____ / _____ / _____
PRJ _____	App expires: _____ / _____ / _____
B _____	Accepted by: _____
TYPE _____	Payment method: _____

TENANT IMPROVEMENT OR ALTERATION PERMIT APPLICATION

TYPE OF WORK

TI Commercial Alteration Re-roofing Rack Storage Multi-Family Alteration Other Awning/Fence

GREEN CERTIFICATION LEVEL

LEED Platinum LEED Gold LEED Silver

SITE LOCATION

Site Address: _____ Tax Parcel Number: _____
 Project Name/Tenant: _____ *Value of Construction: _____
 Location/Bldg/Unit/Floor/Suite Designation: _____
 Property Owner: _____ Phone: (____) _____ - _____
 Mailing Address: _____ City: _____ Zip: _____
 Lender Name: _____ Phone: (____) _____ - _____
 Mailing Address: _____ City: _____ Zip: _____

DETAILED DESCRIPTION OF WORK

APPLICANT/CONTACT PERSON

Contact Person: _____ Phone: (____) _____ - _____
 Company Name: _____ Fax: (____) _____ - _____
 Mailing Address: _____ City: _____ Zip: _____
 E-mail Address: _____

GENERAL CONTRACTOR INFORMATION

Company Name: _____
 Mailing Address: _____ City: _____ Zip: _____
 E-Mail Address: _____ Phone: (____) _____ - _____
 Fax: (____) _____ - _____ Redmond Business License #: RED _____
 State Contractor's License #: _____ Expiration Date: _____ / _____ / _____

DESIGN PROFESSIONAL

Design Professional's Name: _____ Architect Engineer Other
 Contact Person: _____ Phone: (____) _____ - _____
 Company Name: _____ Fax: (____) _____ - _____
 Mailing Address: _____ City: _____ Zip: _____
 E-Mail Address: _____

BUILDING INFORMATION

Automatic Sprinkler required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Sprinkler provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quick Response throughout	<input type="checkbox"/> Yes <input type="checkbox"/> No	Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quick Response per Occupant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of Building Code Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories	_____	Certificate of Occupancy Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Conditions*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Area	<input type="checkbox"/> Yes <input type="checkbox"/> No

* If yes please explain: _____

IBC SPRINKLER SUBSTITUTIONS

Indicate below where fire sprinklers have been used to increase allowable building area, height, stories, to substitute for one-hour construction, or for any other use.

Area Increase	<input type="checkbox"/> Yes <input type="checkbox"/> No	Height Increase	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unlimited Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	One-Hour Construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Story Increase	<input type="checkbox"/> Yes <input type="checkbox"/> No		

BUILDING INFORMATION FOR PROPOSED WORK – PER IBC

Location*	Interior Remodel (sf)	New/Added (sf)	Type of construction	Proposed occupancy	# of occupants	Non-separated use?
Total						

Existing Building information

Location*	Type of Construction	Occupancy	# of occupants	Square footage	Original Code (IBC or UBC)	Original Code Year
Total						

* Enter location by occupancy type (i.e. B, S-1, E, M, etc.) and by floor or suite number.

***Value of Construction:** The value of construction shall include the prevailing fair market value of all labor, materials and equipment, whether actually paid or not, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire-extinguishing systems, automatic sprinkler systems, other mechanical systems and other permanent work or permanent equipment, not including furnishings. The Building Official shall make the final determination of the value of construction as specified in Section 108.3 of the International Building Code.

Expiration of Plan Review: Applications for which no permit is issued within 180 days following the date of application shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 180-day extension to the Plan Review time as specified in Section 105.3.2 of the International Building Code. No application shall be extended for a period of more than 180 days.

Building Owner or Authorized Agent:

I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit.

Print Name: _____

Signature: _____

GIS#: _____	Office Use Only:
Exist Bldg SqFt: _____	Proposed Bldg SqFt: _____
Additional SqFt: _____	Area of Const SqFt: _____