



FOR OFFICE USE ONLY

Permit #(s) \_\_\_\_\_

Eng # \_\_\_\_\_

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

**MONROE FIRE DEPARTMENT**

163 Village Court • Monroe, WA 98272  
Phone: (360) 794-7666 • Fax: (360) 794-0959

**COMMUNITY DEVELOPMENT / ENGINEERING**

806 West Main Street • Monroe, WA 98272  
Phone: (360) 794-7400 • Fax: (360) 794-4007

# CITY OF MONROE – Combined Permit Application

**Permit Submittal Hours Monday through Friday:**

Building, Fire & Land Use permits: 9:00 am – 12:00 pm & 2:00 pm – 4:00 pm  
Engineering permits: 8:00 am – 5:00 pm

**Building**

- Building (new construction)
- Commercial T/I
- Demolition
- Garage/Carport
- Mechanical
- Plumbing
- Residential Remodel
- Sign
- Other \_\_\_\_\_

**Engineering**

- Engineering Review
- Fencing
- Grading
- Retaining wall
- Rockery
- Right of Way Disturbance
- Special Flood Hazard Area
- Utility Service

**Fire**

- Fire Alarm
- Fire Sprinkler
- High Piled Storage
- Hood Suppression
- Spray Booth
- Tents & Canopies
- Other \_\_\_\_\_

**Land Use**

- Accessory Dwelling Unit
- Boundary Line Adjustment/Lot Consolidation
- Conditional Use
- Rezone
- Shoreline Substantial Develop.
- Short Plat
- Subdivision
- Planned Residential Develop.
- Variance
- Other \_\_\_\_\_

*\*Please note that all required Electrical Permits will be issued by the Dept. of Labor & Industries.*

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS**

Site Address or Property Location: \_\_\_\_\_

Size of site (acre/square feet): \_\_\_\_\_

Assessor's Tax Parcel Number (14 digits): \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

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

\*\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES**

**\*Applicant:** By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

**\*\*Property Owner(s):** By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.



Combined Permit Application – Page 2

Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax #: \_\_\_\_\_

Contractors License # \_\_\_\_\_ Exp Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contractor's Bond Company: \_\_\_\_\_

Contractor's Bid Amount or Project Cost (labor and materials): \$ \_\_\_\_\_

Detailed description of proposal/work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lending Institution for project (if applicable): \_\_\_\_\_

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Plan Check Fee: \$ _____	Permit Fee: \$ _____
Fire Plan Check Fee: \$ _____	State Fee: \$ _____
Other Fees: \$ _____	SEPA Fee: \$ _____