



# City of Battle Ground

Community Development Department

Building Division

109 SW 1<sup>st</sup> Street, Suite 123, Battle Ground, WA 98604

Phone # (360) 342-5046, Fax # (360) 342-5049

*For Office Use Only:*

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

Permit Number: \_\_\_\_\_

CTI: \_\_\_\_\_

## COMMERCIAL TI/ADDITION BUILDING PERMIT APPLICATION

(Separate Mechanical & Plumbing Permits Required)

APPLICANT: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Contractor's License # \_\_\_\_\_ City License # (Required) \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Project Name: \_\_\_\_\_ Tax Lot # \_\_\_\_\_

Site Address: \_\_\_\_\_ Lot #: \_\_\_\_\_ Zoning: \_\_\_\_\_

Previous Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Total cost of alteration/construction (material/labor): \$ \_\_\_\_\_ Sq. Footage of TI: \_\_\_\_\_

Occupant Load: \_\_\_\_\_ Occupancy Use: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Type of Construction per International Building Code: \_\_\_\_\_ Fire Sprinklered: Yes ( ) No ( )

Complete Description of Work to be performed: (Please use separate sheet if needed) \_\_\_\_\_

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

*I hereby certify that the above information is correct and that the work performed on, and the occupancy and use of, the above-described property will be in accordance with the laws, rules and regulations of the State of Washington and City of Battle Ground*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

*For official use only:*

Entered by: \_\_\_\_\_ Fees Due: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Received by: \_\_\_\_\_



**COMMERCIAL  
TENANT IMPROVEMENT/ADDITION  
Building Permit Submittal Requirements**  
(Site Plan is a separate process)

**APPLICANTS ARE REQUIRED TO SUBMIT THE FOLLOWING:**

- Two (2) Plot Plans, drawn to scale, on 8 1/2 x 11 paper showing setback dimensions, and easements.
- Three (3) sets of the following plans drawn to scale and produced in such a way as to clearly indicate compliance with all applicable requirements:
  - Site plan drawn to scale, clearly identifying the following: North arrow, all adjoining street names, relative building corner elevations, fire hydrant locations and FDC locations and location of all easements and right-of-ways; distance from building to property lines and location and dimension of all proposed and existing buildings.
  - Building construction plans, including cross sections, elevations, floor plans, foundation plans and structural calculations, occupancy classification, type of construction, applicable code, relative elevations, building area (total square footage and square footage by occupancy).
  - Mechanical plans, including unit locations, duct size(s), and location(s), mechanical calculations, energy/heat loss calculations, manufactures specifications and listings. (Unless deferred)
  - Plumbing plans, including fixture locations, vent size(s), fixture load calculations, pipe sizing calculations, backflow assembly, sewer connection location, any pretreatment, and supply and meter location. (Unless deferred)
  - Landscaping plans.
  - Electrical plans including exterior lighting, showing exit and emergency egress lighting.
  - Fire Sprinkler/Alarm plans (The City only requires one copy, as the other two plans must be submitted with the relative permit application and fees to Clark County Fire Marshall).
  - Professional stamp requirement application.

Applicant \_\_\_\_\_ Date \_\_\_\_\_ Permit Technician \_\_\_\_\_ Date \_\_\_\_\_



**SDC WORKSHEET**

**Company Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**FOR ALL USES:**

Type of Use: \_\_\_\_\_  
If more than one, provide all.

Square Footage: \_\_\_\_\_  
For each use listed above.

Impervious Area Added (if any): \_\_\_\_\_

Employees: \_\_\_\_\_ Full Time Equivalent (FTE) Employees: \_\_\_\_\_  
FTE – Full Time Equivalents are the combination of one or more employees whose work hours equal that of a full-time position, normally 40 hours a week.

Are There Public Restrooms? \_\_\_\_\_

**RESTAURANTS, LODGES, CHURCHES, CLUBHOUSES, THEATRES, ASSEMBLY HALLS, & AUDITORIUMS:**

Number of Seats: \_\_\_\_\_ Are There Kitchen Facilities? \_\_\_\_\_

**FOR SCHOOLS:**

Number of Elementary Students: \_\_\_\_\_ Number of Middle/High Students: \_\_\_\_\_

**FOR DAYCARE FACILITIES:**

Number of Children: \_\_\_\_\_ Will the facility be preschool only? \_\_\_\_\_

**FOR SERVICE STATIONS:**

Number of Fuel Islands: \_\_\_\_\_

**FOR MOTELS AND HOTELS:**

Number of Rooms: \_\_\_\_\_ Are there kitchens in the rooms? \_\_\_\_\_ Is there a pool or Jacuzzi? \_\_\_\_\_

**FOR HOSPITALS:**

Number of Beds: \_\_\_\_\_ Will There Be a Kitchen? \_\_\_\_\_ Will There Be a Laundry Waste? \_\_\_\_\_

**FOR LAUNDROMATS:**

Number of Self Service Machines: \_\_\_\_\_

I certify that the above information is correct.

\_\_\_\_\_

**Applicant's Signature**

**Printed Name**

**Date**