



COMMERCIAL TENANT IMPROVEMENT PERMIT APPLICATION

Olympia

OFFICIAL USE ONLY

Date:

Permit #:

Received by:

For Staff Use Only:

☐ OFD

☐ ELEC

☐ Planning

SITE LOCATION

Site Address: 123 Fir St NE Olympia WA 98506

Tax Parcel Number: _____

TYPE OF WORK

Building Use Classification: OFFICE

COMMERCIAL/MULTI-FAMILY BUILDING PERMIT INFORMATION

Description of work to be done (be specific): convert from accessory structure to additional office space

Project Name: 123 Fir Value of Construction* (\$): 20,000

Tenant Number/Name (Location/Bldg/Unit/Floor/Suite Designation): _____

Gross Building Square Footage of Project: _____

PROPERTY OWNER

Owner Name: Olympia Holding Company LLC Phone: 360-464-3591

Mailing Address: 1428 4th AVE E Olympia WA 98506

GENERAL CONTRACTOR INFORMATION

Company Name: _____ Contact Person: _____

Mailing Address: _____ Phone: _____

Email Address: _____ Fax: _____

State Contractor's License #: _____ Expiration Date: _____ City Business License #: _____

DESIGN PROFESSIONAL (Architect/Engineer)

Company Name: N/A Contact Person: _____

Mailing Address: _____ Phone: _____

Email Address: _____ Fax: _____

CONTACT PERSON (This person is designated to receive all project communications)

Name: Brian Welsh Phone: 360-259-9776 Fax: 360-841-7062

Mailing Address: 1428 4th AVE E OLY WA 98506 Email Address: brian.welsh@olydevgroup.com

BUILDING INFORMATIONChange of Building Code Use? ☐ Yes ☐ No

If Yes, State Existing Use(s): _____ Proposed Use(s): _____

Automatic sprinkler required	Yes	No	Hazardous materials	Yes	No
Automatic sprinkler provided	Yes	No	Basement	Yes	No
Alarm	Yes	No	Fire Area	Yes	No

BUILDING INFORMATION (Provide all building areas in square footage below)

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.

Floor Level of Work	Type of Occupancy per IBC	Type of Construction per IBC	New	Addition to Existing Structure	Interior Remodel	Occupant Load	Non-Separated (Y/N)
_____ Floor							

For additional floors, please include details on a separate sheet and attach.

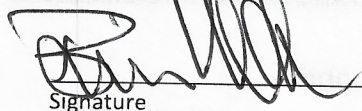
MINIMUM INFORMATION REQUIRED – ARCHITECTURAL PLANS

<input type="checkbox"/>	The scales used
<input type="checkbox"/>	North arrow
<input type="checkbox"/>	Existing space and what is proposed
<input type="checkbox"/>	Floor plans including entrances, exits, windows, partitions, fixed equipment, fixtures
<input type="checkbox"/>	Uses of all areas labeled (also include the use of adjacent tenant spaces)
<input type="checkbox"/>	Room and door finish schedules
<input type="checkbox"/>	Details and/or cross sections of walls and ceilings
<input type="checkbox"/>	Demonstrate barrier-free accessibility to and within the tenant space
<input type="checkbox"/>	Specify if any storage in excess of 12 feet in height is to be used
<input type="checkbox"/>	Identify any flammable, combustible liquids use, storage and hazardous materials or processes
<input type="checkbox"/>	Demonstrate compliance with current Washington State Energy Code where any changes are being made to the thermal envelope of the building

Expiration of Plan Review: Applications for which no permit is issued within 180 days following the date of application or approval date shall expire and all fees paid shall be forfeited. Upon written request of the applicant, the Building Official may grant a 90-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 90 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.


Signature

Brian Walsh
Print Name

5-24-18
Date

This form has been approved for use by the Olympia Community Planning and Development (CPD) Department.



10/16/2017

Keith Stahley, Director,
Community Planning and Development

Date