

Per Puyallup Municipal Code 17.42.035, Applications shall expire by limitation if no permit or approval is issued within 180 days after the city determines that the application is complete, unless the city determines that a project proponent has pursued issuance of a permit or approval in good faith.

Submittal Date: ____/____/____ Civil Permit No: ____-____-____ Related Case No: ____-____

*Applicant must include this completed form with the initial application submittal.
Submit all documents electronically to: permitcenter@puyallupwa.gov*

Acceptance Criteria Checklist

| Applicant | | Documents | City Received | |
|--|--------------------------------|---|--------------------------|--------------------------|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Plan Sheets – electronic submittal only | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Cover Sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Notes and Details | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing Conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Erosion and Sediment Control | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Grading | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Road Plan and Profile | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Utility Plans (water, sanitary and storm) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Street Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Channelization (i.e. signalization) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Landscape Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical Information Report (TIR) electronic | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Stormwater Site Plan Report | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Critical Areas Report (If applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Purveyor | | | | |
| <input type="checkbox"/> | Fruitland Mutual Water Company | | | |
| <input type="checkbox"/> | Tacoma Water | | | |
| <input type="checkbox"/> | Valley Water System | | | |
| Checked in by : _____ | | | | |
| Date: _____ | | | | |

Civil Construction Permit Application

| | |
|-----------------------------|-------------------|
| OWNER | |
| Name: _____ | Address: _____ |
| Contact No: _____ | City: _____ |
| Email: _____ | State, Zip: _____ |
| APPLICANT | |
| Name: _____ | Address: _____ |
| Contact No: _____ | City: _____ |
| Email: _____ | State, Zip: _____ |
| ENGINEER / ARCHITECT | |
| Name: _____ | Address: _____ |
| Contact No: _____ | City: _____ |
| Email: _____ | State, Zip: _____ |
| CONTRACTOR | |
| Name: _____ | Address: _____ |
| Contact No: _____ | City: _____ |
| Email: _____ | State, Zip: _____ |

Site Information

| | |
|----------------------------|-------------------------|
| Project Name: _____ | P - _____ |
| Site Address: _____ | Parcel No: _____ |
| _____ | Zoning: _____ |

Site Information

| |
|---|
| Project Type: |
| <input type="checkbox"/> Commercial/ Medical/ Multi- Family |
| <input type="checkbox"/> Improvements associated with the Building Permit |
| <input type="checkbox"/> Residential; Single Family/ Duplex |
| <input type="checkbox"/> Residential Short Plat |
| <input type="checkbox"/> Residential Subdivision |
| <input type="checkbox"/> Frontage Improvements |
| <input type="checkbox"/> Other |
| Short Plat: |
| <input type="checkbox"/> Short Plat is recorded |
| <input type="checkbox"/> Short Plat is not recorded |

Review Fees

| | |
|--|------------|
| Plan review and record drawing review fee: | |
| <input type="checkbox"/> Commercial/ Multi- Family/ Major Plat/Short Plat | \$670.00 |
| <input type="checkbox"/> Off-site, water/ sewer/ storm main extension/ grease interceptor/ oil separator | \$560.00 |
| Plan review plus \$200 record drawing review fee: | |
| <input type="checkbox"/> Clearing only | \$70.00 |
| <input type="checkbox"/> 0-50 cubic yards | \$130.00 |
| <input type="checkbox"/> 51-100 cubic yards | \$240.00 |
| <input type="checkbox"/> 101-1,000 cubic yards | \$510.00 |
| <input type="checkbox"/> 1,000-10,000 cubic yards | \$760.00 |
| <input type="checkbox"/> 10,001-100,000 cubic yards | \$1,000.00 |
| <input type="checkbox"/> +100,000 cubic yards | \$1,240.00 |

CERTIFICATION:

I certify that I have read this application and declare that the info contained herein is correct and complete.

Signature of Applicant: Shannon Nichols Date: _____

4/2021 Print Name: _____