

Commercial, Multi-Family & Industrial (CMI)

Submit to: eplans@cityofvancouver.us Questions? 360-487-7833 | [Getting Started with ePlans](#)



| CATEGORY OF CONSTRUCTION | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Commercial/Industrial | | <input type="checkbox"/> Multi-Family Residential | | <input type="checkbox"/> Commercial with Multi-Family |
| TYPE OF WORK | | | | |
| <input type="checkbox"/> Addition Only | <input type="checkbox"/> Remodel Only | <input type="checkbox"/> Cell Tower (co-locate) | <input type="checkbox"/> Cell Tower (new) | <input type="checkbox"/> Food Truck |
| <input type="checkbox"/> New Building/Structure | <input type="checkbox"/> Addition and Remodel | <input type="checkbox"/> Modular | <input type="checkbox"/> Re-roof | <input type="checkbox"/> Tenant Improvement |
| JOB SITE LOCATION | | | | |
| Site Address: | | Suite# | Parcel #(s): | Project Name: |
| DESCRIPTION OF WORK | | | | |
| | | | | |
| SCOPE OF WORK | | | | |
| Existing Building Use: | | Proposed Building Use: | | SF Scope of Work: |
| Valuation (materials and labor): \$ | | Number of Units: | | Number of Seats: |
| Fire Sprinkler Existing: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Proposed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Fire Alarm Existing: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Proposed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| NOTE: Fire sprinkler & alarms require separate permits and are not considered a deferred submittal under this permit. | | | | |
| Proposed work includes (check all that apply): <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical | | | | |
| Requesting Deferred Submittal? <input type="checkbox"/> No <input type="checkbox"/> Yes Plans Examiner Approval Required (check all that apply) | | | | |
| <input type="checkbox"/> Electrical <input type="checkbox"/> Elevators <input type="checkbox"/> Fireproofing/Firestopping <input type="checkbox"/> Floor Joists <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Refrigeration <input type="checkbox"/> Roof Trusses <input type="checkbox"/> Stairs and Railings <input type="checkbox"/> Storefront/Curtain Wall <input type="checkbox"/> Other/Specify: | | | | |
| Hard Surface Area SF (New & Replaced): | | Stormwater Applicability Form Required Area of Land Disturbance SF: | | |
| Master Plan for Same As: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Same As CMI: <input type="checkbox"/> | | Traffic Impact Fee Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADDITIONAL INFORMATION | | | | |
| Occupancy Group (IBC CH 3: R-2, S-1, etc.) | Construction Type (IBC CH 6: VB, IA, etc.) | Square Footage | Story | |
| | | | | |
| | | | | |
| | | | | |
| CONTRACTOR | | PLUMBING CONTRACTOR License Required RCW 18.106.440 | | |
| Business Name: | | Business Name: | | |
| Address: | | Address: | | |
| City/State/Zip: | | City/State/Zip: | | |
| Email: | | Email: | | |
| Phone: | | Phone: | | |
| WA State License # | | WA Plumbing License # | | |
| OWNER | | ELECTRONIC PLANS SUBMITTER (Required) | | |
| Name: | | Responsible for ePlans uploading and correspondence | | |
| Address: | | Name: | | |
| City/State/Zip: | | Address: | | |
| Email: | | City/State/Zip: | | |
| Phone: | | Email (Required) : | | |
| | | Phone: | | |
| REQUIRED SIGNATURES | | | | |
| <i>A complete application form, submittal documents and required information as set forth in VMC 17.08.100 must be submitted to obtain a permit. If it is determined that the application is not complete and/or the application fees have not been paid, the City may reject the application and plan review will not begin. It is the responsibility of the applicant/owner to comply with all private conditions, covenants, and restrictions (CC&R's) associated with this property. As evidenced by my signature below, I/we agree that City of Vancouver staff has my/our full permission to enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.</i> | | | | |
| Applicant Signature: | | Date: | | |
| Property Owner Signature: | | Date: | | |