



# OPERATING PERMIT APPLICATION

*Community & Economic Development*

City of Arlington • 18204 59th Ave NE • Arlington, WA 98223 • Phone (360) 403-3551

## *Part I*

Property Address for which Operating Permit is requested: _____			
Parcel ID No.:	_____	Current Occupancy	_____
Project Description: _____ _____			
Applicant Name:	_____	Home No.:	_____
Email Address:	_____	Cell No.:	_____
Mailing Address:	_____	City:	_____
		State:	_____
		Zip:	_____
Contact Person:			Phone No.: _____

## *Part II*

### **Type of Operating Permit**

An Operating Permit is required to conduct any activity or to use any class of building listed below. Please indicate the type(s) of Operating Permit(s) requested by checking each applicable box. (If you require assistance, or would like more information, contact the City of Arlington Building Department at 360-403-3551.)

Manufacturing, storing or handling hazardous materials in quantities exceeding those listed in the *Fire Code* (see Appendix A.) Identify the materials and quantities and describe the manner in which the materials will be manufactured, stored or handled (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conducting a hazardous process or activity, including, but not limited to, any commercial or industrial operation which produces combustible dust as a byproduct, fruit and crop ripening, waste handling, spray operations, and high-piled storage (see Appendix B.) Describe the process(es) or activity(ies) to be conducted (attach additional sheets if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use of pyrotechnic devices in assembly occupancies (see Appendix C.) Describe the devices to be used and type of event (attach additional sheets if necessary): \_\_\_\_\_

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

Aboveground Storage Tank (AST) (see Appendix D)

Removal  Decommissioning  Temporary tank closure  Changes in service

Permanent tank closure

Brief description: \_\_\_\_\_

Underground Storage Tank (UST) (see Appendix D)

Removal  Decommissioning  Temporary tank closure  Changes in service

Permanent tank closure

Brief description: \_\_\_\_\_

Temporary Membrane Structures, including tents and canopies (see Appendix E.) Brief description of structure and use: \_\_\_\_\_

Special Event Operating Permit - An Operating Permit is required for any special event that takes place within an occupied building, or an outdoor mass gathering, which is outside the scope of the permitted use (see Appendix F.) Brief description of type of gathering proposed: \_\_\_\_\_

Mobile Vendor - (see Appendix G.) Brief description of vehicle and use: \_\_\_\_\_

### ***Part III***

#### **Premises/Building Information**

1. Date of last inspection of Premises: \_\_\_\_\_

2. Has a Certificate of Occupancy been issued for the premises?  Yes  No

Type:  Permanent  Temporary Date of Issuance: \_\_\_\_\_

3. Are there currently any open Building Permits associated with the premises?  Yes  No  
If yes, please describe (attach additional sheets if necessary): \_\_\_\_\_

4. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT**

I herby certify that the foregoing information (and all information in attached sheets, if any) is true and complete.

\_\_\_\_\_  
Signature of Applicant or Authorized Representatives Signature Date

\_\_\_\_\_  
Name and Title (if applicable) of person signing Application (Please print)

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***Part IV***

**To be completed by the City of Arlington Building Department**

Inspection Required:  Yes  No

Inspections Performed:  Yes  No Date of Inspection: \_\_\_\_\_

Tests or Reports required verifying compliance?  Yes  No

If YES, have Tests or Reports been received?  Yes  No

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**OPERATING PERMIT APPROVED**

Operating Permit Issued by: \_\_\_\_\_

Date Operating Permit Issued: \_\_\_\_\_ Date Operating Permit Expires: \_\_\_\_\_

Type/Description of Operating Permit: \_\_\_\_\_

Conditions of Operating Permit (list conditions here AND in the space provided in the Operating Permit:

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

Additional Comments: (Attach additional pages if needed)

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