

Building Department 21630 11th Avenue South, Suite D Des Moines, WA 98198 (206)870-7576 fax:(206)870-6544 www.desmoineswa.gov

<u>Deferred Submittal</u> <u>Cover Sheet</u>

Project / Permit #:		Date:		
Project Name:				
Project Address:				,
	<u>A</u>	pplicant Informa	<u>tion</u>	\
Contact Person:				
Company Name:	Name: Phone #:			
Email:	Fax #:			
	Sı	ıbmittal Informa	tion	
A DEFERRED SUBMITTAL confor Revisions or Corrections.				l of a permit application. This is not
		Submittal Requireme ubmittals MUST conta		
1. A completed City of Des M	loines Deferred submittal for	rm.		
2. A written letter to the City	that shows an itemized sum	mary of your submitt	al (must include sheet	and detail numbers).
3. All new/additional informa	ation MUST RE CLOUDED or	HIGHLIGHTED on each	h nlan set	
3. All flew/additional illioithe	AUDIT MOST BE CEOODED OF	THIGH EIGHT ED OH Each	ii piaii set.	
Describe the deferred submittal: (be specific)				
		For Office Use Or	nly	
Routing:	Routed to:		Approved By:	Date:
☐ Building☐ Planning				
☐ Transportation				
Surface Water				
Fire Department				
Plan Check Fees:	hours (🤋 \$138.00 per hour =		
	Inspector Fees: hours @ \$138.00 per hour =			