

BUILDING PERMIT APPLICATION

CITY OF COLVILLE

OFFICE OF BUILDING & PLANNING

170 SOUTH OAK, COLVILLE, WA 99114

(509) 684-5096/FAX (509) 684-5030

Applicant to complete numbered spaces only:

| | | | |
|--|-----------------------|---------------------|---|
| 1. JOB ADDRESS: | | | |
| 2. LEGAL DESCRIPTION | LOT NUMBER: | BLOCK: | TAX NUMBER: <input type="checkbox"/> See Attached Sheet |
| 3. OWNER | MAIL ADDRESS | ZIP | PHONE |
| 4. CONTRACTOR | MAIL ADDRESS | PHONE | LICENSE # |
| 5. ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | LICENSE # |
| 6. ENGINEER | MAIL ADDRESS | PHONE | LICENSE # |
| 7. USE OF BUILDING | 8. CHANGE OF USE FROM | 9. CHANGE OF USE TO | |
| 10. TYPE OF WORK <input type="checkbox"/> NEW <input type="checkbox"/> ALTER <input type="checkbox"/> AD'N. <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> DEMO <input type="checkbox"/> CERT. OF OCCUPANCY | | | |
| 11. DESCRIBE WORK: | | | |
| | | | |
| 12. VALUATION OF WORK: | | | |

| | | | | | | | |
|--|------------------|--------------------------|--|-----------------|---|-----------------|---------------------|
| SPECIAL CONDITIONS: | | | TYPE OF CONST. | OCCUPANCY GROUP | DIVISION | | |
| | | | SIZE OF BLDG (TOTAL) SQ FT | NO OF STORIES | MAX OCC. LOAD | | |
| | | | NO OF DWELLING UNITS | USE ZONE | FIRE SPRINKLERS REQUIRE <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY | OFF STREET PARKING SPACED REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| <p style="text-align: center;">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> | | | <u>Special Approvals</u> | | <u>Required</u> | <u>Received</u> | <u>Not Required</u> |
| | | | ZONING | | | | |
| | | | HEALTH DEPT. | | | | |
| | | | FIRE DEPT. | | | | |
| | | | SOIL REPORT | | | | |
| | | | PLUMBING | | | | |
| | | | MECHANICAL | | | | |
| | | | PUBLIC WORKS | | | | |
| | | | SEPA | | | | |
| | | | WATER/SEWER | | | | |
| | | | OTHER (SPECIFY) | | | | |
| | | | STATE BUILDING CODE FEE (WAC 365-110-050 as amended) | | | | |
| SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE | | PLAN CHECK FEE | PERMIT | FEE | TOTAL FEE | | |
| SIGNATURE OF OWNER (IF OWNER IS BUILDING) DATE | | | | | | | |