



CITY OF EVERSON, WASHINGTON

APPLICATION FOR BUILDING PERMIT

OWNERS'S VALUE	BLDG. DEPT. VALUE	CONST.	BUILDING ZONE	NEW BUILDING	ADDITION TO EXISTING BUILDING	REPAIRS	DEMOLITION	PLANS FILED
\$	\$							YES NO

DESCRIPTION OF WORK _____

SITE ADDRESS _____ LOT SIZE _____ LOT COVERAGE _____ %

TAX PARCEL NUMBER _____

OWNER _____ ADDRESS _____ PHONE _____

BUILDING INFORMATION: RESIDENTIAL , # OF DWELLING UNITS _____ COMMERCIAL OTHER USE TYPE _____

OCCUPANCY CLASSIFICATION(S) _____ CONSTRUCTION TYPE _____ BASEMENT YES NO

BUILDING WILL BE _____ WIDTH _____ LENGTH _____ HEIGHT _____ FLOOD ZONE 100 YEAR 500 YEAR OTHER _____

PERSON PERFORMING WORK is PROPERTY OWNER TENANT and is exempt from contractor licensing requirements pursuant to RCW 18.27.090.

LICENSED CONTRACTOR, please complete licensing information : CONTRACTOR _____

ADDRESS _____ PHONE _____

L & I LICENSE # _____ EXP _____ EVERSON BUSINESS LICENSE# _____

FINANCING INFORMATION required if project valuation exceeds \$5000, per RCW 19.27.095. (may be deferred until permit issued) Lender administering the construction financing or firm issuing a payment bond (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project. (If owner is self- financing, please indicate)

NAME _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE _____

FEES: Building Permit \$ _____ Plan Review \$ _____ Plumbing \$ _____ Mechanical \$ _____ Park fee \$ _____

Water Hook-up \$ _____ Sewer Hook-up \$ _____ Side-Sewer Connection \$ _____ Side-Sewer Contractor Permit \$ _____

Flood Plain Development Permit \$ _____ State Fee \$ _____ Other \$ _____

TOTAL \$ _____ RECEIPT # _____ DATE PAID _____

OWNER/AUTHORIZED AGENT _____ DATE PAID _____

*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing.

OTHER REQUIREMENTS: Electrical Permit SEPA Checklist EIS Shoreline Management Permit Other permits _____

Approved Denied Approved with Conditions _____

Permission is granted to do the above described work according to the conditions hereon, approved plans, specifications and subject to the Everson Municipal Code.

Date _____ Building Official _____ Sales Tax Code #3703