

City of Wapato
 205 East Third Street
 Wapato WA 98951-1326



building@wapato-city.org
 Phone: 509.877.7146
 Fax: 509.877.7170

PERMIT NUMBER	Receipt #
14-	

BUILDING & FIRE PERMIT APPLICATION

Site Address	Parcel #	Need Elevation Certificate
Owner	Mailing Address	Phone Number
Contractor	Mailing Address	State License Number

NOTICE TO APPLICANT:

Separate permits are required for plumbing, heating, ventilation and air conditioning, except in single family
 THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED OR IF WORK
 IS SUSPENDED OR ABANDON FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

It is the Applicant's responsibility to call for the following inspections.

CONCRETE SLAB/UNDERGROUND WORK, FOUNDATION, FRAMING, ROOFING, SIDING, DRY WALL, PLUMBING, and MECHANICAL & FINAL INSPECTION.

***To schedule an inspection or contact the Building Official and/or Fire Inspector call business hours
 Monday – Friday at (509) 877-7146. Please allow a minimum of 24 hour notice.***

NO OCCUPANCY SHALL BE PERMITTED PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

I hereby certify under penalty of perjury of the State Of Washington that I have read and examined this application and know that the information contained herein is true and correct. I will comply with all provisions of law and ordinances governing this type of construction work. Whether specified or not. I understand that the granting of a permit does not authorize me in any way to violate or cancel any of the provisions of state or local law regulating the construction or performance of construction sought under this permit. I further certify, as applicant, that I am one of the following general categories of applicants as indicated below.

- () That I am currently licensed as a general contractor or specialty contractor as defined under RCW 18.27.010 and 18.27.1.110 and am legally qualified to perform the work sought by this permit, or:
- () That I am exempt from the requirements of the contractor registration laws, RCW 18.27.010 and 18.27.110 and will do all my own work in connection with work to be performed under the permit applied for herein.

Signature of Owner, Contractor or Authorized agent

Date:

DO NOT WRITE BELOW THIS LINE {ADMINISTRATIVE USE ONLY}

<input type="checkbox"/> Single Family	<input type="checkbox"/> Industrial	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Signs	<input checked="" type="checkbox"/> Fire Life & Safety
<input type="checkbox"/> Multi Family	<input type="checkbox"/> Church	<input type="checkbox"/> Garage / Carpor	<input type="checkbox"/> In-ground Pool	<input checked="" type="checkbox"/> Sprinkler System
<input type="checkbox"/> No of Units _____	<input type="checkbox"/> Storage	<input type="checkbox"/> Attached	<input type="checkbox"/> Spray Finish	<input type="checkbox"/> Hood & Duct
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> School	<input type="checkbox"/> Detached	<input type="checkbox"/> Fire Flow	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Move	Type of Construction	# of floors/size
<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Demolish		
<input type="checkbox"/> Gas	<input type="checkbox"/> Heat Pump	Size / Type of Equipment		
<input type="checkbox"/> Oil	<input type="checkbox"/> Forced Air			
<input type="checkbox"/> Electrical	<input type="checkbox"/> Air Conditioner			
<input type="checkbox"/> Wood	<input type="checkbox"/> Air Exchange			
<input type="checkbox"/> Other	<input type="checkbox"/> Other			

Work Description: _____

Plumbing			Mechanical			Fire Life & Safety		
NO	Description	Fee	NO	Description	Fee	No	Description	Fee
	Basic Fee			Basic Fee			Basic Fee	
	Water Closet/Urinal			Forced Air Heat			FL& S Fee	
	Sink / Fountain			Floor/Wall Heater			Sprinkler System	
	Tub / Shower			Boiler			Fire Alarm	
	Dish Washer			Air Condition			Hood & Duct	
	Water Heater			Wood Stove/Insert			Fire Flow	
	Floor Drain			Gas Piping			Heads/Devices	
	Plan Review			Plan Review			Plan Review	
	Total	\$ -		Total	\$ -		Total	\$ -

Project Value \$			Total Floor Area
DATE		Bars Codes	To schedule an inspection or contact the Building Official and/or Fire Inspector call business hours Monday – Friday at (509) 877-7146 . Please allow a minimum of 24 hour notice.
Building Permit	\$ -	001.000.000.322.10	
State Building Code	\$ 4.50	001.000.999.386.10	
Fire, Life & Safety	\$ -	001.000.000.321.33	
Fire Plan Review	\$ -	001.000.000.342.83.22	
Plan check Review	\$ -	001.000.000.345.83	
Grand Total	\$ 4.50		

Site Address	Parcel #	Contractor
0	0	0