



## Building Permit Application

City of Colville - Office of Building and Planning

170 S. Oak Street, Colville, WA. 99114

(509) 684-5096/Fax (509) 684-5030 [www.colville.wa.us](http://www.colville.wa.us)

Email: [sgilmore@colville.wa.us](mailto:sgilmore@colville.wa.us) OR [dharper@colville.wa.us](mailto:dharper@colville.wa.us)

|  |   |  |
|--|---|--|
| <b>Job Address:</b>  |   | Project Valuation: \$  |
| Parcel #:  | Tax Number:                                 | Permit Fee: \$   |
| <b>Owner:</b>  |   | Address:   |
| Phone #  | Email:                                      |  |
| <b>Contractor:</b>   |   | Mailing Address:   |
| Phone #  | Email:                                      | License #  |
| <b>Architect:</b>  |   | Mailing Address:   |
| Phone #  | Email:                                      |  |
| <b>Engineer:</b>   |   | Mailing Address:   |
| Phone #  | Email:                                      | License #  |
| <b>Use of building:</b> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Storage <input type="checkbox"/> Multi Family <input type="checkbox"/>  |   | <b>Application Date:</b>   |
| <b>Type of Work:</b> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Roof <input type="checkbox"/> Demo <input type="checkbox"/> Fire alarm <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/><br>Sign <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other <input type="checkbox"/> |   |  |
| <b>Building Type:</b> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> VA <input type="checkbox"/> VB <input type="checkbox"/>  |   |  |
| <b>Use Zone:</b> R-1-S <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> C-2 <input type="checkbox"/> C-3 <input type="checkbox"/> LI <input type="checkbox"/> I <input type="checkbox"/> AF <input type="checkbox"/> AL <input type="checkbox"/>  |   |  |
| <b>Type of Permit Applying For:</b> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> (use plumbing worksheet) Mechanical <input type="checkbox"/> (use mechanical worksheet)  |   |  |
| Sign <input type="checkbox"/> Roof <input type="checkbox"/> Chicken <input type="checkbox"/>   |   |  |
| <b>Description of work to be done:</b>   |   |  |
|  |   |  |
|  |   |  |
| <b>**FOR OFFICE USE ONLY**</b>   |   |  |
| Site Plans Required: Yes <input type="checkbox"/> No <input type="checkbox"/>  | Plans Accepted By:                          | Plans Approved By:   |
| Landscape Plans Required: Yes <input type="checkbox"/> No <input type="checkbox"/>   | Plans Accepted By:                          | Plans Approved By:   |
| Building Plans Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>   | Plans Accepted By:                          | Plans Approved By:   |
| Building Occupancy: A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 M R1 R2 R3 R4 S1 S2 U   |   |  |
| Approvals Needed: SEPA <input type="checkbox"/> Date:  | Street Dept. <input type="checkbox"/> Date: | Water/Sewer <input type="checkbox"/> Date:                                     |
| Building <input type="checkbox"/> Date:  | Fire Dept. <input type="checkbox"/> Date:   | Planning <input type="checkbox"/> Date:  |
| Plans Examiner <input type="checkbox"/> Date:  |   |  |
| Off Street Parking Reqd: Yes <input type="checkbox"/> No <input type="checkbox"/>  | # of Spaces Reqd:                           | Fire Sprinklers Reqd: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Max Occupant Load:   | # of Stories:                               | # of Dwelling Units:   |

NEW CONSTRUCTION (EXCEPT SINGLE FAMILY) REQUIRES SUBMITTAL OF A GENERAL LAND USE APPLICATION PRIOR TO BUILDING PERMIT APPLICATION

SEPERATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING.

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.

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.

Signature of Owner or Agent

Application Date