## **BUILDING PERMIT AND SIGN APPLICATION**

## JAMES A. SEWELL & ASSOCIATES, LLC, BUILDING INSPECTIONS FOR: CITY OF \_\_\_\_\_\_, WA

LEGAL DISCRIPTION			Plack Lat			BUILDING PERMIT #		
Subdivision Name: Section		BlockLot _, Township, Range,			T LIMWIT "			
Secili	JII	, rownsnip	, Kange_					
Site Address	(Number)			(Street Name)				
OWNER / LEASOR MAILING ADDRESS PHONE						EMAIL ADDRESS		
LEASEE		MAILING ADDRE	SS	PHONE			EMAIL ADDRESS	
CONTRACTOR MAILING ADDR			SS PHONE			LICENSE #		
CLASS OF WORK	(Check one)	New [ ]	Addition [ ]	Remodel [ ]	Change of Use [	] Sign [	] Other [ ]	
Describe Work / Use:	<u> </u>					l .		
							_	
Directions to Site:								
SHADED AREA FOR OFF	FICE USE ONLY:							
Type of Const:	Occup. Gr		Division:	# of Units:			ES T	
# of Stories:	Max Occu Load:	pancy	Fire Sprinklers Required?	Yes [ ]	No [ ]	mit Fee: 		
SQUARE FOOTAGE	: 1st FLOOI	₹:	2nd FLOOR:	BASEMENT:		er Fees:		
GARAGE: OTHER SQ. FT:			SQUARE FOOT TOTAL:	QUARE FOOT TOTAL:		Water Hook Up Fee:		
CONDITIONS:						Sewer Hook Up Fee:		
					T01	<u>.                                    </u>		
					VAL	UATION OF WORK:		
NOTICE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, MECHANICAL. THIS PERMIT BECOMES NULL AND						l #:		
VOID IF WORK OR CONSTRUCTION AUTHORIZED IN 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						Zone District:		
UNLESS PRIOR APPROVAL OF THE BUILDING DEPARTMENT. HOWEVER, A PERMIT IS VALID AS LONG AS WORK IS CONTINUED.  I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND								
CORRECT. ALL PROVISI	IONS OF LAWS AN	D ORDINANCES C	GOVERNING THIS TYPE OF WO NG OF A PERMIT DOES NOT PI	RK WILL BE COMP	PILED			
ITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OF LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCES OF CONSTRUCTION.						APPROVALS		
I HEREBY GRANT PERMISSION TO THE CITY AND ITS REPRESENTATIVES TO ENTER THE SUBJECTS LAND TO CONDUCT INSPECTIONS RELATIVE TO THIS APPLICATION.						NCY:	BY: / DATE:	
						Approval:		
Name of Owner or Authorized Agent						(Specify):		
Signature of Owner or Authorized Agent (Date)								
Application Received By: / Date:	Plans Che By: / Date:		Approved to Issue By: / Date:	Issued Date:				