



Building Permit Application

ML-01
APPLICATION

Community Development Department
321 S Balsam St. Moses Lake, WA (509) 764-3743 JCantu@cityofml.com

PROJECT LOCATION:

Site Address:	
Project Description:	
Parcel Number:	_____

OFFICIAL USE ONLY:

PERMIT #:	
Staff Person:	
Date Applied:	

PROPERTY OWNER:

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	
*Applicant/Primary Contact: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____			
Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	
Authorized Representative <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____			
Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

DESIGN PROFESSIONAL: Architect Engineer Other _____

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

CONTRACTOR:

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	
Contractor License No:		Expiration Date:	
Business License No:		Expiration Date:	

PERSON PERFORMING THE WORK:

I am currently registered and properly licensed as a **CONTRACTOR** or **SPECIALITY CONTRACTOR** as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit; or

I am an **AUTHORIZED AGENT** of the property owner and all work will be done by a properly licensed contractor or a specialty contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit; or:

I am **EXEMPT** from the requirements of the Contractor Registration laws, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I will do all of my own work or use all registered and licensed contractors and/or specialty contractors in connection with the work to be performed under the permit applied herein.

For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-800-647-0982 (or) www.lni.wa.gov (or) www.lni.wa.gov/TradesLicensing/Contractors/HireCon/.

PROJECT INFORMATION:

Description of Work: Please include year of MFP

Existing Use:		Proposed Use:			
TOTAL EXISTING AREA (sq/ft)		TOTAL NEW AREA (sq/ft)			
Building Type: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> PUBLIC <input type="checkbox"/> MFH	Type of Project: <input type="checkbox"/> New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Reroof <input type="checkbox"/> Accessory <input type="checkbox"/> Foundation <input type="checkbox"/> Repair <input type="checkbox"/> Other _____		Number Stories: _____	Dwelling Units: _____	
			Total # Bedrooms and Bathrooms: _____	Building Height: _____ Roof Pitch: _____	
			Garage Square Feet: _____		
			Covered Patio Square Feet: _____	Front Porch Square Feet: _____	
Sewer Connection: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A		Occupancy Group: _____			
Water Connection: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A		Construction Type _____			
Project Valuation (Based on Fair Market Value of Labor and Materials):				_____	

LENDER INFORMATION:

Self Financed, YES NO

If you checked "NO" - Information must be provided for projects valued over \$5,000 per RCW 19.27.095.

Name of Lender (or) Bonding Company:	_____	Phone No:	_____
Complete Address:	_____		

APPLICANT CERTIFICATION:

* I certify that I am the **owner** of the property described above (or) the owner(s) **authorized agent** and I have been given express permission by the owner(s) of the property to submit this application for permit and that I am authorized by the owner(s) of this property to perform the work for which the application is made and I comply with the requirements of the Washington State Contractors Act, per RCW 18.27. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Moses Lake, state and federal regulations and laws pertaining to the work authorized by the issuance of a permit. I acknowledge by signing this application I authorize any City of Moses Lake personnel access to the property at all reasonable times to ascertain relevant information, including current condition of the property, and perform any and all inspections. I understand that issuance of this permit does not remove the owner's responsibility for compliance with state or federal laws regulating construction, land use or environmental laws.

Signature of Applicant: Owner (or) Authorized Agent	_____	Date:	_____
Print Name:	_____		

NOTICE: An application for a permit for any proposed work shall be deemed to have been abandoned (and expire) 180 days after the date of filing unless such application has been pursued in good faith or a permit has been issued.

Applicants must contact the Grant County Health Department for projects involving food/beverage service (509) 766-7960

TO BE COMPLETED BY STAFF:

Use Zone:	_____	Allowed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	CUP Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	Variance Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy Classification(s):		Type Construction:		
Setbacks:	FRONT: _____	SIDES: _____ / _____	REAR: _____	Critical Areas Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Flood Zone:	_____	Other Critical Areas:	_____	CAO Form Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Design Review Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No		Notes:	_____	
			Elevation Cert (s) Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Same day inspection requests MUST be received before 7AM the day of the inspection.
Inspection line phone number 509-764-3756
Permit number required.