

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: _____
	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Building Height: _____ Roof Pitch: _____
	Total # Bedrooms and Bathrooms: _____		Total Area Square Feet: _____ Front Porch Square Feet: _____
	Sewer Connection: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A		Water Connection: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A
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.