

**PLEASE NOTE:** No work can commence until a permit is issued and picked up.  
**Tenga En Cuenta:** Ninguen tipo de trabajo se puede hacer sin el permiso en mano.

**Initials/incipales:**

## City of Granger Building Permit Application

102 Main Street, P.O. Box 1100, Granger, WA 98932

PH: 509-854-1725 FAX: 509-854-2103

***Applicant: Please fill out all areas that are highlighted and any other pertinent information.***

<b>PROJECT DESCRIPTION:</b>			
<b>JOBSITE ADDRESS:</b>			
<b>LEGAL DESCRIPTION</b>	<b>PARCEL NO:</b>		
<b>OWNER:</b>	<b>MAIL ADDRESS &amp; ZIP CODE:</b>	<b>PHONE:</b>	
<b>CONTRACTOR:</b>	<b>MAIL ADDRESS &amp; ZIP CODE:</b>	<b>PHONE:</b>	<b>CURRENT STATE LICENSE:</b>

### TYPE OF PERMIT

<input type="checkbox"/> S.F. RES	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> AG STORAGE	<input type="checkbox"/> FIRE / LIFE SAFETY
<input type="checkbox"/> GARAGE / CARPORT	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> MULTI FAMILY	<input type="checkbox"/> HOME OCCUPATION	<input type="checkbox"/> SIGNS
<input type="checkbox"/> ATTACHED	<input type="checkbox"/> CHURCH / SCHOOL	<input type="checkbox"/> NO. OF UNITS _____	<input type="checkbox"/> OTHER	<input type="checkbox"/> IN GROUND POOLS
<input type="checkbox"/> DETACHED				

### CLASS OF WORK

<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVE
<input type="checkbox"/> NEW	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH

**DESCRIBE WORK** (If applicable, please attach drawing or plans.)

<b>PROJECT VALUE</b>	<b>CONST. TYPE:</b>	
	<b>OCC. GROUP:</b>	
<b>TOTAL FLOOR AREA</b>	<b>PLAN FILE NO.</b>	
	<b>AMOUNT</b>	<b>RECEIPT NO.</b>
BUILDING PERMIT		
INSPECTION FEE		
PLAN CHECK		
MECHANICAL		
PLUMBING		
FIRE/LIFE SAFETY		
OTHER		
STATE BLDG. CODE		
SUB-TOTAL		
LESS DEPOSIT		
BALANCE DUE		

**NOTICE TO APPLICANT:** Separate permits are required for electrical, plumbing, heating, ventilation and air conditioning, except in single-family residences. Electrical permits are obtained from the Department of Labor and Industries, 509-454-3700 or toll free at 1-800-354-5423. 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. It is the Applicant's responsibility to call for inspections.

**COMMENTS:**

Building Official

Date

I hereby certify under penalty of the laws of the State of Washington, that I have read and examined this application and know that the information is true and correct. I will comply with all provisions of law and ordinances governing this type of construction work whether specified herein or not. I understand that the granting of this permit does not authorize me in any way to violate or cancel any of the provisions of the 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 two following general categories of applicants as indicated by my initials below.

A. That I am currently licensed as a general contractor or specialty contractor as defined under RCW 18.27.010 and 18.27.110 and legally qualified to perform the work sought by this permit.

B. 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 or use not more than two registered and licensed sub-contractors in connection with the work to be performed under the permit applied herein.

SIGNATURE OF OWNER, CONTRACTOR, OR AUTHORIZED AGENT

DATE