



City of Moxee
Building Department
BUILDING PERMIT APPLICATION

- PRE APPLICATION
- TEMPORARY PERMIT
- FULL PERMIT

Permit Number

REVIEW NO.		JOB SITE ADDRESS																																																																
JOB SITE DIRECTIONS																																																																		
LEGAL DESC.	LOT NO.	BLOCK.	<input type="checkbox"/> SUB-DIVISION	<input type="checkbox"/> SHORT PLAT	TAX PARCEL NO.	<input type="checkbox"/> PARENT	<input type="checkbox"/> CHILD																																																											
OWNER			MAIL ADDRESS			ZIP		PHONE																																																										
CONTRACTOR			MAIL ADDRESS		<input type="checkbox"/> SAME AS ABOVE	PHONE	CURRENT STATE LICENSE NO.																																																											
CLASS OF WORK		<input type="checkbox"/> NEW	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> MOVE	CONTACT PERSON		PHONE																																																											
		<input type="checkbox"/> ADDITION	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH																																																														
TYPE OF PERMIT	<input type="checkbox"/> S.F.R.		<input type="checkbox"/> MANUF. HOME		<input type="checkbox"/> INDUSTRIAL		<input type="checkbox"/> CHURCH/SCHOOL		<input type="checkbox"/> FIRE / LIFE SAFETY																																																									
	<input type="checkbox"/> GARAGE / CARPORT		<input type="checkbox"/> AGRICULTURAL		<input type="checkbox"/> MULTIFAMILY		<input type="checkbox"/> HOME OCCUPATION		<input type="checkbox"/> SIGNS																																																									
	<input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED		<input type="checkbox"/> COMMERCIAL		NO. OF UNITS		<input type="checkbox"/> IN GROUND POOLS		<input type="checkbox"/>																																																									
RCW 19.27.095		LENDING / BONDING AGENCY ADDRESS			TELEPHONE NO.		<input type="checkbox"/> NOT AVAILABLE																																																											
FUEL		SIZE / TYPE OF EQUIPMENT				BEDROOMS		BATHROOMS																																																										
<input type="checkbox"/> GAS		<input type="checkbox"/> HEAT PUMP		NO.		NO.																																																												
<input type="checkbox"/> OIL		<input type="checkbox"/> FORCED AIR																																																																
<input type="checkbox"/> ELECTRICITY		<input type="checkbox"/> AIR CONDITIONER		EXISTING		FULL																																																												
<input type="checkbox"/> WOOD		<input type="checkbox"/> AIR EXCHANGER		ADDING		3/4																																																												
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		TOTAL		1/2																																																												
DESCRIBE WORK:																																																																		
COMMENTS:							NO. FIRE / SAFETY FEE																																																											
							TOTAL																																																											
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DATE	AMOUNT	RECEIPT NO.																																																																
Permit	_____	_____																																																																
Plan Check	_____	_____																																																																
Plumbing / Mech.	_____	_____																																																																
Fire / Life Safety	_____	_____																																																																
Other	_____	_____																																																																
State Bldg. Code	_____	Local Sales Tax																																																																
	_____	Location Code																																																																
Sub Total . . .	_____	3900																																																																
Less Deposit _____	_____	_____																																																																
Balance Due _____	_____	_____																																																																

NOTICE TO APPLICANT

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 as indicated below.

1. **FOUNDATION** — When forms are in place, prior to placement of any concrete
2. **CONCRETE SLAB, GROUNDWORK** — When all service equipment and piping is in but prior to covering with backfill and / or concrete.
3. **FRAMING** — After all framing, bracing, blocking, piping, wiring and ducting are complete, but prior to covering.
4. **INSULATION** — When installation of insulation is complete prior to covering.
5. **FINAL** — Project is complete PRIOR to occupancy of structure.

MOBILE / MANUFACTURED HOMES

1. FOUNDATION WHEN FORMS ARE IN PLACE PRIOR TO PLACEMENT
2. WHEN SET-UP MANUFACTURED HOME IS COMPLETED.
3. WHEN PERIMETER WALL, CRAWL ACCESS, ETC., AND STEPS ARE COMPLETED.

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, or:
- 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 subcontractor in connection with the work to be performed under the permit applied herein.

SIGNATURE OF OWNER, CONTRACTOR, OR AUTHORIZED AGENT

DATE

***NO OCCUPANCY PERMITTED PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY.**