



City of Moxee
 Building Department
 Building Permit Application

Permit Number: _____
 Construction Type: _____
 Occupancy Group: _____
 (Office Use Only)

General Application for Construction

Parcel Number: _____ Job Site Address: _____

NARRATIVE: Provide a **DETAILED** description of the project:

Valuation \$ _____

Pursuant to RCW 19-27-095(2)(i-ii)

- i. The name, address and phone number of the office of the lender administering the interim construction financing: OR
- ii. The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the permit.

Lending Agency Name: _____ Mailing Address: _____ Phone: _____

I acknowledge by checking this box that this project has no lending agency.

Bonding Agency Name: _____ Mailing Address: _____ Phone: _____

I acknowledge by checking this box that this project has no lending/bonding agency.

Below, Check ONE box to Designate a Main Contact Person; fill in other sections with persons associated with this project:

The property owner(s), by signing this form, hereby certify to the best of their knowledge and under penalty of perjury that they are the legal owners of the property, have reviewed the proposal as presented in the application, validate that it depicts an accurate and true description of the project proposed and wish to pursue the described project. Any change to the intent of the proposal project description must be submitted and reviewed prior to project permit issuance.

<input type="checkbox"/>	Property Owner:	Day Phone:
	Mailing Address:	City: State: Zip:
	Site Address (if different):	
	Email:	
	<i>Signature (Required):</i>	Date:
<input type="checkbox"/>	Contractor:	Day Phone:
	Company Name (if any):	
	Mailing Address:	City: State: Zip:
	Contractor License No:	Moxee Business Lic # Expiration Date:
	Email:	
	<i>Signature (Required):</i>	Date:
<input type="checkbox"/>	Applicant/Agent:	Day Phone:
	Company Name (if any):	
	Mailing Address:	City: State: Zip:
	<i>Signature (Required):</i>	Date:

If you are applying for a permit as an owner and acting as your contractor, please complete the following declaration:

- I acknowledge that I am applying for a construction permit thru the City of Moxee.
- I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated.
- I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) _____ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Owner Signature: _____ Date: _____



City of Moxee
 Building Department
 Building Permit Application

Permit Number: _____
 Construction Type: _____
 Occupancy Group: _____
 (Office Use Only)

Residential Checklist

New Construction, Addition, or Alteration

Project Tax Parcel Number: _____

Property Owner: _____ Day Phone: _____

Job Site Address: _____

My Project is for a: New Residence Addition Alteration Accessory Structure

THIS IS NOT A REVIEW: Incomplete applications are not acceptable

- This checklist is to assist you in providing us with the minimum information needed to start a plan review for your project.
- Typical information required is listed below (as applicable)
- If your information is incomplete, your project will not be placed on the plan review work list until all applicable items have been submitted.

<i>Two (2) complete sets of plans and</i>				
<i>*Associated engineering (stamped by engineer) are required for plan submittal</i>				
	Yes	N/A	Submittal Items	Staff Comments
1.	<input type="checkbox"/>	<input type="checkbox"/>	Application for Construction and Narrative	
2.	<input type="checkbox"/>	<input type="checkbox"/>	Completed Residential Checklist	
3.	<input type="checkbox"/>	<input type="checkbox"/>	Site Plan	
4.	<input type="checkbox"/>	<input type="checkbox"/>	Floor plan (one for each floor). With square footage calculated separately for each floor and /or use(Residence, porch, deck, garage, etc.	
5.	<input type="checkbox"/>	<input type="checkbox"/>	(Addition or Alteration) – Existing floor plan and new / proposed floor plan.	
6.	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Plan.	
7.	<input type="checkbox"/>	<input type="checkbox"/>	Floor plan – Room uses, location of all plumbing /mechanical equipment.	
8.	<input type="checkbox"/>	<input type="checkbox"/>	Floor framing - *Manufactured floor system, provide engineering & layout	
9.	<input type="checkbox"/>	<input type="checkbox"/>	Typical cross section through floor system, from roof through foundation.	
10.	<input type="checkbox"/>	<input type="checkbox"/>	Roof/Ceiling construction plan. *Roof truss layout & individual truss sheets (must be stamped by engineer).	
11.	<input type="checkbox"/>	<input type="checkbox"/>	Elevation drawing (one for each side of structure)	
12.	<input type="checkbox"/>	<input type="checkbox"/>	Residential Energy Code Compliance form.	
13.	<input type="checkbox"/>	<input type="checkbox"/>	Utilities: New Water - Sewer Service Connection Application.	
14.	<input type="checkbox"/>	<input type="checkbox"/>	Zoning / Subdivision decisions that may be associated with project	



Residential Checklist-Continued

Number of Stories: _____ **Number of Bedrooms:** _____ **Number of Bathrooms:** _____

Square Footage & Misc. Information: (List separately if there are more than one of each type, front, rear, side, etc)

Main / 1st floor:		Covered Porches/Patio (front)	
Second Floor:		Covered Porches/Patio (rear)	
Third Floor:		Pergola/Trellis	
Basement:		Deck Front: <input type="checkbox"/> 1st floor <input type="checkbox"/> 2nd Floor	
Garage/Storage:		Deck Rear: <input type="checkbox"/> 1st floor <input type="checkbox"/> 2nd Floor	
Garage/Storage:		Other:	
		TOTAL SQUARE FOOTAGE:	

Plumbing Supplemental Information:

Sinks:		Hot Water Heater: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Bathtubs/Showers:		Water Softener	
Toilets:		Hose Bibs	
Clothes Washer:		Floor drains	
Dishwasher:		Other:	

Mechanical Supplemental Information: Quantity & Size of Equipment (Natural Gas or Propane)

	Quantity	Electric	Gas	Comments: Size (BTU, KW, Ton, etc.)
Furnace:				
Air Conditioner:				
Clothes Dryer:				
Cooking Range / Oven:				
Vent Fan - Range /Cooktop:				
Vent Fans (Bath Utilities):				
# Gas Connections:				
(Wood Stove, Gas Log Fireplace etc.):				
Other Appliances:				