

## COMMERCIAL PERMIT APPLICATION

Garfield County
Public Works
300 S 19<sup>th</sup> Street
PO Box 160
Pomeroy, WA 99347
509-843-1301

	☐ NEW CONSTRUCTION ☐ ADDITION/ALTERATION					
PROJECT LOCATION						
SITE ADDRESS						
TAX PARCEL #						
TAX FARCLE#						
APPLICANT	□ OWNER □ CONTRACTOR □ OTHER:					
Name:		Day Phone				
Mailing Address:						
E-mail:	<u> </u>	Cell Phone				
PROPERTY OWNER						
Name:		Day Phone				
Mailing Address:						
E-mail:	DVCC DN/A	Cell Phone				
CONTRACTOR	□ YES □ N/A	Barrahana				
Name:		Day phone				
Mailing Address: E-mail:		Cell Phone				
Contractor License #		Expiration Date				
		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 u	nder the permit applied herein.					
Signature:		Date:				
Print Name:						
	ractor Licensing and Registration Requirements, please contact the Washi ://www.lni.wa.gov/ (or) http://lni.wa.gov/TradesLicensing/Contractors/H					
PAYMENTS: Make chec	ck payable to Garfield County.					

Commercial Building Permit Revised May, 2020

REC	<b>QUIRED DOCUM</b>	IENTS	(Additional docum	ents may be required	l upon con	npletion of review)		
Construction plans		•	If Applicable:					
		Commercial Plan R	eview Checklist	SEPA Checklist and submittal				
Ш	Site Plan  • See	· Commercial Plan R	eview Checklist	Contact Columbia County Health Department for projects involving food/beverage service at (509) 382-2181.				
				involving roou/	beverage 3	ervice at (509) 582-2181.		
PRO	DJECT INFORMA	ATION	Description of Wo	rk:				
(Bas	<b>ject Valuation</b> sed on Fair Mark	xet Value of Labor a	nd Materials):	Type of Construction (block/wood/metal/stick-built):				
\$								
Existing Use:			Proposed Use:					
Existing Impervious Surface (sq. ft.):			Total New Impervious Surface (sq. ft.):					
Exis	ting Lot Covera	ige (sq. ft.):		Total New Lot Coverage (sq. ft.):				
Building Type(s):  ☐ Residential  Type of Project(s): ☐ New ☐ Tenant Imp			s): Tenant Improvement	# of Stories:		# of Dwellings:		
	Commercial	☐ Alteration ☐	•	Basement: ☐ Yes ☐ No				
☐ Multi-Family ☐ Addition ☐ Fo☐ Public ☐ Accessory ☐ Re			Building Height:					
☐ Manufactured ☐ Repair ☐ Oth			Heat Source: ☐ Ele	Electric Other				
# of Stories:		Building Height:		# of Bedrooms:				
Sewer Connection: ☐ New ☐ Revise ☐ Existing ☐ N/A			Water Connection:	☐ New	☐ Revise ☐ Existing ☐ N/A			
Elec	ctric Service:	New □ Revise □	Existing N/A	Other	New □ R	evise   Existing   N/A		
	IDER INFORMA		elf-Financed:	□ No				
		<u> </u>	ovided for projects valued o	ver \$5,000 per RCW 19.27	.095.			
Name of Lender: (or) Bonding Company providing interim construction financing:  Phone:								
Address:								
APPLICANT CERTIFICATION								
* I certify that I am the <u>owner</u> of the property described above (or) the owner(s) <u>authorized agent</u> 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 understand that issuance of this permit does not remove the owner's responsibility for compliance with local, state or federal laws regulating construction, land use or environmental laws.								
Signature of Applicant: Owner (or) Authorized Agent				Date:				
Prir	nt Name:							
<b>NOTICE:</b> An application for a permit for any proposed work shall be deemed to be abandoned 180 days after the date of filing unless an application has been pursued in good faith or a permit has been issued.								

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STAFF USE ONLY							
Zone: Allowed use ☐ Yes ☐ No			SEPA Exempt ☐ Yes ☐ No RCW Citation:				
Allowed Setbacks:	Front:		Side:	Rear:		Other:	
Actual Setbacks:	Front:		Side:	Rear:		Other:	
CLID requested LLVes LLNe		Flood Zone See No		Wetland ☐ Yes ☐ No		Landslide Hazard ☐ Yes ☐ No	
Variance requested ☐ Yes ☐ No		Elevation Certificate Required  Yes  No		Riparian Area		Erosion Hazard ☐ Yes ☐ No	
Right of Way Permit Required  Yes  No		Approach Permit Required ☐ Yes ☐ No					
Historic District/Designation:		Aquifer Protection		Shoreline ☐ Yes ☐ No		Seismic Hazard ☐ Yes ☐ No	
COA Req'd: ☐ Yes ☐ No ☐ N/A		Special Studies submitted:					
APPROVALS:							
County Road Planning & Zoning Sheriff's Dept - Address						;	
Assessor's Office Treasurer's Office							
Health District Building – Columbia County							
Permit Adminis	Date Public Works Director				Date		

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