



RESIDENTIAL SINGLE-FAMILY DWELLING PERMIT APPLICATION

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

PROJECT LOCATION	
SITE ADDRESS	
TAX PARCEL #	

APPLICANT	<input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER: _____	
Name:		Day Phone
Mailing Address:		
E-mail:		Cell Phone
PROPERTY OWNER		
Name:		Day Phone
Mailing Address:		
E-mail:		Cell Phone
CONTRACTOR	<input type="checkbox"/> YES <input type="checkbox"/> N/A	
Name:		Day phone
Mailing Address:		
E-mail:		Cell Phone
Contractor License #		Expiration Date

PERSON PERFORMING THE WORK
<input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> 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 under the permit applied herein.
Signature: _____ Date: _____
Print Name: _____

For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-509-735-0100 (or) <http://www.lni.wa.gov/> (or) <http://lni.wa.gov/TradesLicensing/Contractors/HireCon/default.asp>

PAYMENTS: Make check payable to Garfield County.

REQUIRED DOCUMENTS		(Additional documents may be required upon completion of review)
<input type="checkbox"/> Construction plans or detailed drawings/description	<input type="checkbox"/> Site Plan	
<ul style="list-style-type: none"> • See Plan Review Checklist 	<ul style="list-style-type: none"> • See Sample Site Plan 	
<input type="checkbox"/> Floor Plan	<input type="checkbox"/> Washington State Energy Code worksheet - find at https://bit.ly/3fS9B8f	
<ul style="list-style-type: none"> • Label proposed use of each room • Show dimensions of rooms 		

PROJECT INFORMATION	Description of Work:

Project Valuation (Based on Fair Market Value of Labor and Materials): \$ _____	
Proposed Use (Full time, vacation, cabin):	Type of Construction (block/wood/metal/stick-built):
House sq. ft.: _____ Garage sq. ft.: _____ Deck sq. ft.: _____	
Covered Porch/Patio/Carport sq. ft.: _____ Basement sq. ft.: _____	
Will you be installing: <input type="checkbox"/> Sidewalk? <input type="checkbox"/> Curb & Gutter? <input type="checkbox"/> Driveway?	
# of Stories:	Building Height: # of Bedrooms:
Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished	
Sewer Connection: <input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Existing <input type="checkbox"/> N/A	Water Connection: <input type="checkbox"/> New <input type="checkbox"/> Revise <input type="checkbox"/> Existing <input type="checkbox"/> N/A

LENDER INFORMATION:	Self-Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you checked "NO" - Information must be provided for projects valued over \$5,000 per RCW 19.27.095.</i>	
Name of Lender: (or) Bonding Company providing interim construction financing:	Phone:
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 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:
Print Name:	
NOTICE: 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.	

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:
CUP requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Zone <input type="checkbox"/> Yes <input type="checkbox"/> No		Wetland <input type="checkbox"/> Yes <input type="checkbox"/> No	Landslide Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
Variance requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevation Certificate Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Riparian Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Erosion Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
Right of Way Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Approach Permit Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
Historic District/Designation:	Aquifer Protection <input type="checkbox"/> Yes <input type="checkbox"/> No		Shoreline <input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No
COA Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Special Studies submitted:			

NOTES:

APPROVALS:

- | | | |
|--|---|---|
| <input type="checkbox"/> County Road | <input type="checkbox"/> Planning & Zoning | <input type="checkbox"/> Sheriff's Dept - Address |
| <input type="checkbox"/> Assessor's Office | <input type="checkbox"/> Treasurer's Office | |
| <input type="checkbox"/> Health District | <input type="checkbox"/> Building – Columbia County | |

Permit Administrator

Date

Public Works Director

Date