



TOWN OF SOUTH CLE ELUM

PO Box 160, South Cle Elum WA 98943
Phone: 509.674.4322 Fax: 509.674.5942

Application for Building Permit

PLEASE PRINT CLEARLY

		Permit Number
For Administrative Use Only:		
<input type="checkbox"/> Site Plan Submitted _____	Date: _____	_____
<input type="checkbox"/> Critical Areas Review _____	Date: _____	
<input type="checkbox"/> Sewer Approval _____	Date: _____	
<input type="checkbox"/> Water Approval _____	Date: _____	

Property Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

The owner and/or licensed contractor is hereby provided with the following notice:

- The Owner may personally perform the proposed construction or contract to have the work performed by a Washington State Registered Contractor.
- The owner, if not a registered contractor, may construct improvements on his or her own property provided it is done WITHOUT the intention of selling the improved property.
- The State Contractors Registration Act (RCW Chapter 18.27) requires all persons doing any work as a Contractor to obtain a Certificate of Registration from the Washington State department of Labor and Industries.
- It is unlawful to do any work as a Contractor without a Certificate of Registration. Violation of these requirements is a misdemeanor.

Contractor: _____ License#: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

Pursuant to RCW 19.27.095 (2)(i-ii), the requirements for a fully completed application shall include:

- The name, address, and phone number of the office of the lender administering the interim construction financing, if any;
- or**
- 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 fifty percent of the total amount of the construction project.

Lender/Bonding Agency: _____ Contact Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

BUILDING SITE ADDRESS: _____ **CITY:** _____

ASSESSOR'S MAP #: _____

Is this application the result of any code enforcement action? YES NO

Existing Structures on Parcel: HOUSE MANUFACTURED HOME GARAGE SHOP BARN
CARPORT OTHER(EXPLAIN) _____

Type of work to be performed: NEW CONSTRUCTION ALTERATION/ADDITION REPAIR
DEMOLITION OTHER(EXPLAIN) _____

REVISIONS TO EXISTING PERMIT CHANGE OF USE
ORIGINAL PERMIT #: _____ FROM: _____ TO: _____

Type of heating system: FORCED AIR HYDRONIC/RADIANT ELECTRIC RESISTANCE
STAND ALONE APPLIANCE **Fuel type:** NATURAL GAS PROPANE ELECTRIC

Location of mechanical unit in structure (i.e. garage, utility room, etc): _____

Proposed Square Footage: _____

Bedrooms: Existing: _____ Proposed: _____ Total: _____ Bathrooms: Existing: _____ Proposed: _____ Total: _____

If the proposed structure is not a residence, will there be..... Habitable living space? YES NO Plumbing? YES NO
Mechanical? YES NO Insulation? YES NO Electrical? YES NO

Will the structure be used..... for commercial purposes? YES NO by the public? YES NO

I hereby acknowledge that I have read this application and state the above information is correct. I agree to comply with all permit requirements related to this project. I further agree to, and hereby grant the Town of South Cle Elum and Department of Public Works a right to enter onto the premises as described for this permit application, for the purpose of making such inspections and tests as may be required.

NOTE: PROPERTY OWNER IS RESPONSIBLE FOR THE FULL PERMIT REVIEW FEE REGARDLESS OF ISSUANCE

Owner Signature (required): _____ Date: _____

Contractor/Agent
Signature: _____ Date: _____