



PERMIT APPLICATION

FOR INSPECTIONS CALL:
 PHONE: (360) 826-3033
 EMAIL: clerk@townoflyman.com
24-Hour Notice Requested

P.O. Box 1248
 8405 S. Main Street
 Lyman, WA 98263

SITE ADDRESS				
OWNER	NAME (OR NAME OF BUSINESS)		PLUMBING No. TYPE OF FIXTURE OR ITEM FEE	
	MAILING ADDRESS			
	CITY, STATE, ZIP	TELEPHONE NO. ()		
ARCHITECT	ADDRESS		Water Closet \$	
	CITY, STATE, ZIP	TELEPHONE NO. ()	Bathtub	
			Lavatory	
CONTRACTOR	NAME		Shower	
	ADDRESS		Kitchen Sink	
	CITY, STATE, ZIP	TELEPHONE NO. ()	Dishwasher	
			Laundry Tray	
STATE LICENSE NUMBER		CITY LICENSE NUMBER	Clothes Washer	
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential			Water Heater	
<input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Repair			Urinal	
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Sign <input type="checkbox"/> Demolition <input type="checkbox"/> Other		<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECT. <input type="checkbox"/> OTHER	Drinking Fountain	
Parcel Number and Lot, Block Information: Lot Block of			Floor Sink or Drain	
PARCEL NO.			Slop Sink	
Describe Work			Water Piping	
Occupancy Use <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Storage <input type="checkbox"/> Church <input type="checkbox"/> Restaurant <input type="checkbox"/> Other				
<p align="center">Notice</p> <p>This permit is issued by the Building Official and, under the provisions of the International Building Code, shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of permit issuance, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.</p> <p>By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or am an authorized representative of the owner.</p> <p>All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, including routine calls for inspections.</p>			PERMIT \$	
			TOTAL FEE \$	
		TOTAL FEES	VALUATION	FEE
		Building	\$	
		Plan Check		
		Plumbing		
		Mechanical		
		Sign		
		Demolition		
		Mobile/Modular Home		
Street Setback	Side Yard Setback	Rear Yard Setback	State Surcharge	
Use Zone	Occupancy Group	Type of Const.	Other	
Lot Area	Vacant Site <input type="checkbox"/> Yes <input type="checkbox"/> No	Dwelling Units	TOTAL \$	
Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Stories Bedrooms	Occupant Load		
Size of Bldg.	Plans Checked By:			

ASBESTOS WARNING

Before starting a renovation or demolition project, property owners must document in good faith that no asbestos-containing materials will be disturbed. Contractors must receive documentation from the building owner. N.W. Air Pollution Authority must be notified prior to any asbestos removal. Rules require penalties for non-compliance.
 NWAPA Phone: 428-1617 – Mount Vernon
 1-800-622-4627 – County

INSTRUCTIONS FOR PLOT PLAN

DRAW A SKETCH OF THE PROPERTY ON A SEPARATE SHEET OF PAPER OR PLOT PLAN SHOWING THE FOLLOWING:

1. Street and alleys abutting property.
2. North arrow and scale of property.
3. Size and shape of property.
4. Size of existing buildings or improvements.
5. Size of proposed buildings or improvements.
6. Distance of all structures from all property lines.
7. Parking and loading layout.
8. Size and placement of signs if applicable.

TWO (2) SETS OF STRUCTURAL PLANS REQUIRED. ONE SET TO BE RETURNED AT TIME OF ISSUANCE. CROSS SECTION, FLOOR PLAN, FOUNDATION PLAN, PLUMBING AND MECHANICAL DETAIL. VERIFICATION OF SEWER CONNECTIONS REQUIRED.