



Residential Building Permit Application

Community Development Department

3100 Belmont Ave, West Richland WA. 99353

(509) 967-5902 Fax (509) 967-2419

PROPERTY OWNER INFORMATION			
OWNER NAME:			
Project Owner's Mailing Address / City / State / Zip			Phone Number
Fax Number	Cell Number	Email	
Authorized Agent (if different from Property Owner)			Phone Number
Primary Contact:	Phone Number	Email	
PROPERTY INFORMATION AND LOCATION			
JOBSITE ADDRESS			
Tax Parcel #	Subdivision	Lot #	Block
Description of Project		Valuation \$	
Lender Information – required for projects over \$5000 in valuation per RCW 19.27.095			
If a lender or bond company is <u>not</u> loaning monies on this project, please check here: <input type="checkbox"/>			
LENDING INSTITUTION:		Phone number:	
Address / City / State / Zip			
GENERAL CONTRACTOR INFORMATION			
COMPANY NAME:		UBI #	City Business License Yes <input type="checkbox"/> No <input type="checkbox"/>
Address / City / State / Zip		Phone Number	
Fax Number	Cell Number	Email	
ARCHITECT (if applicable)		Phone Number	Fax Number
Address / City / State / Zip		Email	
ENGINEER (if applicable)		Phone Number	Fax Number
Address / City / State / Zip		Email	
DETAILED PROJECT INFORMATION (fill in all that apply to this construction project)			
Main Level Area (sf)	Garage Area (sf)	Number of Fireplaces _____	
Upper Level Area (sf)	Covered Porch / Patio (sf)	LPG Tank <input type="checkbox"/> Natural Gas <input type="checkbox"/> Wood <input type="checkbox"/>	
Basement Area: <input type="checkbox"/> Heated (valued as finished) _____ (sf) <input type="checkbox"/> Unheated (valued as unfinished) _____ (sf)	Raised Deck Area (sf) - $\geq 30''$ in height	Total Square Footage:	
Number of Bedrooms:		FOR OFFICE USE ONLY Permit # Initials	
Number of Bathrooms:			
Building Height:			
TYPE OF SEWER SERVICE: City Sewer <input type="checkbox"/> Private Septic <input type="checkbox"/> (Requires Approval From Benton Franklin Health Dist.)			
TYPE OF WATER SERVICE: City Water <input type="checkbox"/> Private Well <input type="checkbox"/>			

DUST CONTROL PLAN

I, _____, hereby certify that I am the applicant (or his/her authorized representative) for a building and/or construction activity located at: _____

24-hour contact for Dust Control issues: _____ Phone _____

I am familiar with the requirements of West Richland Municipal Code, Section 8.18.020, Causing or maintaining a nuisance. Any person, firm or corporation who shall disturb, excavate, grade plow, or remove the top soil of any land area, or permit or direct the same, within the City of West Richland, for any purpose, without taking reasonable affirmative measures to suppress and minimize the blow and scattering of dust, shall be determined to have committed a misdemeanor.

Check one or more and provide detailed explanation:

- Water Sprinklers (i.e.. hose and sprinkler, handlines) Water Sprinkler Truck Hydro seeding
- Chemical/Physical Soil Binder Other (specify in detail) _____

SUBCONTRACTORS (All subcontractors must have a West Richland Business License)

	COMPANY / CONTACT INFO	UBI#
Excavation		
Foundation		
Plumbing		
Mechanical		
Framing		
Insulation		
Drywall		
Electrical		

I authorize employees and officials of the City of West Richland the right to enter and remain on the property in question to determine whether a permit should be issued and whether special conditions should be placed on any issued permit. I have the legal authority to grant such access to the property in question.

I also acknowledge that if a permit is issued for land development activities, no terms of the permit can be violated without further approval by the permitting entity. I understand that the granting of a permit does not authorize anyone to violate in any way any federal, state, or local law/regulation pertaining to development activities associated with a permit.

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. I have read and examined this permit application and have documented all applicable requirements on the site plan.
2. The information provided in this application contains no misstatement of fact.
3. I am the owner(s), the authorized agent(s) of the owner(s) of the above referenced property, or I am currently a licensed contractor or specialty contractor under Chapter 18.27 RCW or I am exempt from the requirements of the Chapter 18.27 RCW.
4. I understand this permit is subject to all other local, state, and federal regulations.

Note: This application will not be processed unless the above certification is endorsed by an authorized agent of the owner(s) of the property in question and/or the owner(s) themselves. If the City of West Richland has reason to believe that erroneous information has been supplied by an authorized agent of the owner(s) of the property in question and/or by the owner(s) themselves, processing of the application may be suspended.

Printed Name: _____

Signature: _____ Date _____