



Residential Building Application
 Community Development Department
 3801 W Van Giesen St, West Richland, WA 99353
 509-967-5902 Fax 509-967-2419 Inspection Line 967-3518

| PROPERTY OWNER INFORMATION | | <input type="checkbox"/> Contact Person |
|----------------------------|--------|-----------------------------------------|
| Owner: | | |
| Address: | | |
| Phone: | Email: | |

| APPLICANT/CONTRACTOR INFORMATION (if different) | | <input type="checkbox"/> Contact Person |
|-------------------------------------------------|--------|-----------------------------------------|
| Company: | UBI# | |
| Contact: | | |
| Address: | | |
| Phone: | Email: | |

| DESCRIPTION OF WORK | VALUATION | \$ |
|---------------------|-----------|----|
| | | |
| | | |

| PROPERTY INFORMATION AND LOCATION | |
|-----------------------------------|----------|
| Jobsite Address: | Parcel # |
| Legal Description | |

| LENDER INFORMATION – Required for projects of \$5000 valuation per RCW 19.27.095* | |
|-------------------------------------------------------------------------------------------------------|--------|
| *If a lender or bond company is not loaning monies on this project check box <input type="checkbox"/> | |
| Lender: | Phone: |
| Address: | |

| DETAILED PROJECT INFORMATION (s.f. of your proposal and items that are in your proposal) | | |
|------------------------------------------------------------------------------------------|----------------------|-------------------------|
| Main Level: | Upper Level: | Garage Area: |
| Finished Basement: | Unfinished Basement: | Raised Deck: |
| Carport: | Covered Patio/Porch: | Living Space SF: |
| # Bedrooms: | # Bathrooms: | Total SF: |

| BUILDING HEIGHT – * Maximum building height as measured from grade plane to height of eaves (excluding gable) on pitched roof, or to the top of the parapet on a flat roof. | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|
| <input type="checkbox"/> SFR*: | <input type="checkbox"/> Detached Garage: | <input type="checkbox"/> Other: |

| TYPE OF SEWER SERVICE | |
|-----------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Public Sewer | <input type="checkbox"/> Private Septic* |
| *A permit will not be issued without written approval from Benton Franklin Health Dept. | |

| DETAILED UNDERGROUND SPRINKLER PROJECT INFORMATION (if applicable) | | |
|--------------------------------------------------------------------|--------------------------------------|------------------|
| Source of Water: | Type of Backflow Assembly (if City): | |
| Type of Shut Off Valve: | Est Start Date: | Est Finish Date: |
| Installer: | UBI#: | |
| Address: | | |
| Phone: | Fax: | Cell: |

Section R 406 Table 406.2

Circle Option(s) 1a 1b 1c 1d 2a 2b 2c 3a 3b 3c 3d 4 5a 5b 5c 5d 6 Building Designed by Stytem Analysis

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 (ie.. hose and sprinkler, handlines) Water Sprinkler Truck Hydroseeding
 Chemical/Physical Soil Binder Other (specify in detail) _____

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

| | COMPANY / CONTACT | UBI# |
|------------|-------------------|------|
| Architect | | |
| Engineer | | |
| 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 _____