



CITY OF MOSES LAKE
 Community Development
 321 S Balsam St.
 Moses Lake, WA 98837

| FOR STAFF USE | |
|------------------|-------|
| PERMIT NUMBER | _____ |
| APPLICATION DATE | _____ |
| STAFF INITIALS | _____ |

BUILDING PERMIT APPLICATION

| | |
|---|--|
| <input type="checkbox"/> RESIDENTIAL CONSTRUCTION | <input type="checkbox"/> COMMERCIAL CONSTRUCTION |
| <input type="checkbox"/> MOBILE HOME PLACEMENT | <input type="checkbox"/> OTHER _____ |

PROJECT ADDRESS _____

PARCEL NUMBER _____ **LOT** _____ **BLOCK** _____

LEGAL DESCRIPTION _____

PROJECT DESCRIPTION _____

OWNER/APPLICANT INFORMATION

APPLICANT _____ **CONTACT PERSON** _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ (CELL) _____

EMAIL(REQUIRED) _____

PROPERTY OWNER _____ **CONTACT PERSON** _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ (CELL) _____

EMAIL _____

ARCHITECT/ENGINEER _____ CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ (CELL) _____

EMAIL(REQUIRED) _____

CONTRACTOR _____ **CONTACT PERSON** _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ (CELL) _____

EMAIL(REQUIRED) _____

WASHINGTON STATE CONTRACTOR'S LICENSE NUMBER(REQUIRED) _____

CITY OF MOSES LAKE BUSINESS LICENSE NUMBER (REQUIRED) _____

*If you are a General Contractor all sub contractors working on this project are required to have a City of Moses Lake Business License.

BUILDING INFORMATION

COST OF PROJECT(REQUIRED) _____ NO. OF STORIES _____ FIRST FLOOR SQ FT _____
2ND FLOOR SQ FT _____ GARAGE SQ FT _____ FRONT PORCH SQ FT _____ COVERED PATIO SQ FT _____ BEDROOMS _____
BATH _____ BUILDING HEIGHT TO PEAK _____ ROOF PITCH _____ OCCUPANCY GROUP _____ CONSTRUCTION TYPE _____

ZONING INFORMATION

ZONING LOT _____ SIZE SETBACKS: FRONT _____ REAR _____ LEFT _____ RIGHT _____
EASEMENTS _____
ARE THERE STRUCTURES ON THE PROPERTY? _____
WHAT IS THE CURRENT USE OF THIS PROPERTY? _____
WILL THE SITE BE SERVED BY A SEPTIC SYSTEM? _____
IS ANY PART OF THE PROPERTY WITHIN A 100 YR FLOOD PLAIN? _____
ARE OR WILL THERE BE WELLS LOCATED ON THE PROPERTY? _____
IS THERE EVIDENCE OF FILL OR EXCAVATION ON THE PROPERTY? _____
ARE THE SLOPES GREATER THAN 30% ON THE PROPERTY? _____
ARE CRITICAL OR HAZARDOUS MATERIALS USED ON THE PROPERTY? _____

I hereby acknowledge that the information I have provided is correct and I agree to comply with all State and City laws and ordinances regulating construction. I understand and agree the City of Moses Lake has no obligation to explain every requirement and ordinance to me prior to approval of my project. I also acknowledge by signing this application I authorize any City of Moses Lake personnel access to the property at all reasonable times to ascertain relevant information, including the current condition of the property, and perform any and all inspections.

The issuance of a permit based on plans, specifications and other data shall not prevent the building official from thereafter requiring the correction of errors in said plans, specifications and other data, or preventing building operations when in violation of this code or of any State or City laws, rules, or regulations. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions of an other federal, state or local laws regulating construction, the performance of construction, and/or operation of the project. Issuance of a permit does not authorize any work in public right-of-way or utility easements. Every permit issued under the provision of the MLMC shall expire by limitation and become null and void if the work authorized is not commenced for a period of 180 days. I hereby certify that as a contractor I am currently registered and properly licensed as defined in RCW 18.27 or as a property owner I am exempt from the requirements of the contractor registration and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit.

OWNER/AGENT SIGNATURE

DATE

APPLICANTS SIGNATURE

DATE

(By signing as 'Agent' I am signing on behalf of the owner and I have the owner's permission and authority to do so.)

DATE STAMP

CONTACT INFORMATION

INSPECTION LINE/PERMIT TECH

509-764-3756

All inspection **must** be called in by 9a.m. the morning of the inspection. All requests after 9 a.m. will be schedule for the following day, no exceptions.

COMMUNITY DEVELOPMENT SECRATERY

509-764-3750