



107 - 5th Street, Gold Bar, WA 98251

BUILDING PERMIT APPLICATION

Completed Application Completed Application 2 Copies of site plan(Including any easements, existing structures, existing septic, drainfield, reserve, raindrain location and addition Setbacks (site must be staked) Setbacks (site must be staked) 2 Copies of approved septic/drainfield plan Setbacks (site must be staked) 2 Copies of approved septic/drainfield addition Setbacks (site must be staked) 2 Copies of approved septic/drainfield approval plan 2 Copies of subject Setback (staked) Setback (staked) 2 Copies of subject Setback (staked) 2 Copies of subject Setback (staked) Setback (staked) Setback (staked) 2 Copies of subject Setback (staked) Se	ting
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and addition and addition Setbacks (site must be staked) Setbacks (staked) Set	
Setbacks (site must be staked) 2 Copies of drawings of proposed addition/structure. Copy of valid contractor's License 2 Copies of building plans for structure 2 Copies of structural Engineering Calculations Calculations Copy of valid contractor's license Copy of valid contractor's license Copy of walid contractor's license Copy of walid contractor's license Copy of walid contractor's license Copy of WATTSUN compliance report (not required for 2x6 construction) Site Address or Property Location: Size of Site (acre/square feet): Assessor's Tax Parcel Number (14 digits): Applicant/Agent: Printed Name: Mailing Address: City: State: Zip: Email: Property Owner: **Signature: Printed Name: Printed Name: Property Owner: Phone#: **Signature: Printed Name:	
□ 2 Copies of drawings of proposed addition/structure. □ 2 Copies of approved septic/drainfield plan Septic/drainfield approval addition/structure. □ Copy of valid contractor's License □ 2 Copies of building plans for structure □ Mobile floor plan □ 2 Copies of structural Engineering Calculations □ Valid Installer's license □ Copy of valid contractor's license □ Copy of WATTSUN compliance report (not required for 2x6 construction) Site Address or Property Location: Size of Site (acre/square feet): Assessor's Tax Parcel Number (14 digits): Applicant/Agent: *Signature: Printed Name: Fax#: City: State: Zip: Email: Phone#: **Signature: Printed Name: Phone#: **Signature: Printed Name: Printed Name: Printed Name:	
Addition/structure. plan	
□ Copy of valid contractor's License □ 2 Copies of building plans for structure □ Mobile floor plan □ 2 Copies of structural Engineering □ Valid Installer's license □ Calculations □ Copy of valid contractor's license □ Contractor's license □ Copy of WATTSUN compliance report (not required for 2x6 construction) □ Copy of WATTSUN compliance report Site Address or Property Location: □ Size of Site (acre/square feet): ■ Assessor's Tax Parcel Number (14 digits): ■ Phone#: ■ **Signature: Printed Name: ■ Mailing Address: □ Property Owner: ■ Property Owner: ■ Phone#: **Signature: ■ Printed Name:	
Copies of structural Engineering Valid Installer's license Calculations Copy of valid contractor's license Copy of WATTSUN compliance report (not required for 2x6 construction)	
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Copy of WATTSUN compliance report (not required for 2x6 construction) Site Address or Property Location: Size of Site (acre/square feet):	
Continued for 2x6 construction	
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**Signature:Printed Name:	
Mailing Address: Fax#:	
City: State: Zip: Email:	
2 nd Property Owner:Phone#:	
**Signature: Printed Name:	
Mailing Address:Fax#:	
City: State: Zip: Email:	

ATTACHED A SEPARATE SHEET FOR ADDITONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES

- *Applicant/Agent: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.
- ** Property Owners: By your signature above, you hereby certify that you have authorized the above applicant and/or agent to make applications on your behalf for this application.

BUILD! # OF ST TYPE (BUILD!	ING USES:				MUM FLO	OOR ELEVATI	ON:						
# OF ST	TORIES:			TYI				MINIMUM FLOOR ELEVATION:Feet					
TYPE (#O			TYPE OF CONSTRUCTION:								
BUILD			F DW				OCCUPANCY LOAD:						
BUILD	OF HEATING SYSTEM	[:			INDO	OR AIR SYSTE	M:						
TOTAL	ING AREA: Basement	Level_		Gar	rage	Sec	cond Story						
TOTAL			Miscellaneous			Other Stories							
	NEW AREA:	\$	SNOW	LOAD: <u>25 PSI</u>	WIND S	PEED ZONE: 8	80 MPH SEISMIC ZO	ONE:_					
Owners	Est. of Job Valuation:			F	Revised Es	t. of Job Valuati	on:						
Brief Do	escription of Work:												
Please i	ndicate the number of fi	xtures/c	equipn	nent that applies	to your pr	oject below.							
	PLUMBING FIXTURE	Price		MECHANICAL EQUIPM									
	ATER CLOSETS (TOILETS)	\$9.80		AIR CONDITIONIN	ILLIVI IG UNITS	<100k BTU \$14.70	AIR HANDING \$1	10.65					
	ATHTUB/SHOWER	\$9.80		_ AIR CONDITIONII	NG UNITS >	>100k BTU \$27.15	STOVE \$1	10.65					
LA	AVATORY (WASH BASIN)	\$9.80		_ AIR CONDITIONII			METAL FIREPLAC	CE/					
	HOWER (ONLY)	\$9.80		_ REFRIG UNITS	<	<100K BTU \$14.70		10.65					
	TCHEN SINK & DISP	\$9.80		REFRIG UNITS	>	>100K BTU \$27.15	WATER HEATER \$1						
	SHWASHER	\$9.80		_ REFRIG UNITS	>	>500K BTU \$37.25	GAS PIPING 1 ST 5 \$8						
	AUNDRY TRAY\$9.80	\$9.80				<100K BTU \$14.70	GAS OUTLET >5 \$1						
	LOTHESWASHER	\$9.80		_ BOILERS		>100K BTU \$27.15		23.50					
	ATER HEATER	\$12.30		_ BOILERS		>500K BTU \$37.25	PUMPS. ASSTD. \$1						
	RNIAL	\$9.80		_ GAS FIRED AC		<100K BTU \$14.70	HEAT EXCHGRS \$10						
	RINKING FOUNTAIN	\$9.80		_ GAS FIRED AC			CONDENSERS \$14	4.70					
	OOR DRAIN	\$9.80		_ GAS FIRED AC		>500K BTU \$37.25	HOT WATER HEAT	0.65					
	ACUUM BREAKERS	\$9.80		_ FORCED AIR FORCED AIR		<100K BTU \$14.80 >100K BTU \$18.20	COILS \$1	0.65					
	OOF DRAINS/RAINHEADER			FORCED AIR WALL HEATERS									
	NK (SERVICE, BAR, ECT.) ACKFLOW DEVICE	\$9.80		WALL HEATERS UNIT HEATERS		\$14.80 <100K BTU \$14.80							
	ASE PLBG	\$9.80 \$23.50		UNIT HEATERS		>100K BTU \$14.80							
	LDG DRAIN	\$23.50		EVAPORATED C		\$10.65							
	THER	\$9.80		EVALORATED CO CLOTHES DRYE		\$10.65							
	EMAKER	\$9.80		VENT FANS	`	\$7.25							
	REASE INTERCEP.	\$9.80		COMMERCIAL R	ANGE HOO								
	OTAL FIXTURES	Ψ2.00			TH VOL 1100	φ10.05	TOTAL EQUIPMEN	NT					
T4 :- 41				MUST BE COMPLE				71. i a					
	esponsibility of the permit h												
	ay be revoked if the work is												
	ance rests with the builder, d				ne City. Th	e approval of const	truction plans and satisfactor						
inspectio	ns do not guarantee that all p	arominion											

OFFICIAL USE ONLY:
PLAN CHECK FEE: \$ _____RECEIPT#: _____RECEIVED BY:_____
BUILDING OFFICIAL: ______DATE: _____ACCEPTED: ____REJECTED

registered as required by state law.