

NOTE: Fill out all highlighted items.

1. Recorded Owner		2. Location of Property			3. Owners Address (If different than 2)			
4. Legal Description Lot No.		Block	Parcel No.			10. Building / Project Valuation		
5. Use Zone		6 Occupancy		7. Is project within 200 feet of the river?		Building Permit Fee		
8. Required Inspections Footings		<div style="border: 2px solid black; padding: 10px;"> <p style="font-size: 1.2em; margin: 0;">PERMIT APPLICATION</p> <p>11. Date</p> <hr/> <p>13. TYPE OF PERMIT</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Building 322.10.10 <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical </div> <div style="width: 45%;"> <input type="checkbox"/> Wood Stove <input type="checkbox"/> Mobile Home 322.10.20 <input type="checkbox"/> Demolition <input type="checkbox"/> Other </div> </div> </div>				Plan Check Fee		
Foundations						Plumbing Fee		
Frame						Mechanical Fee		
Plumbing						State Building Code Fee		
Heating / Mechanical						TOTAL		
Insulation								
Sheetrock								
Roofing								
Final								
14. CLASS OF WORK		17. TYPE OF CONSTRUCTION			20. PLUMBING			
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Move		<input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demolish			<input type="checkbox"/> Fire Resistant <input type="checkbox"/> Semi-Fireproof <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Ordinary Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Unprotected Metal		<input type="checkbox"/> Bath Tubs <input type="checkbox"/> Showers <input type="checkbox"/> Lavatories <input type="checkbox"/> Kitchen Sinks <input type="checkbox"/> Laundry Trays <input type="checkbox"/> Auto Washer <input type="checkbox"/> Water Closets <input type="checkbox"/> Water Heaters	<input type="checkbox"/> Grease Traps <input type="checkbox"/> Floor Drains <input type="checkbox"/> Urinals <input type="checkbox"/> Drink Fountains <input type="checkbox"/> Dental Lav. <input type="checkbox"/> Swim Pool <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Total Units
15. Building Size X		16. Lot Size X		18. Plans Submitted <input type="checkbox"/>		Plot Plan Submitted <input type="checkbox"/>		
21. Set Backs		22. Height		23 No. Stories		24. No. Families		
Front		Rear		Left		Right		
25. Mechanical		Heating		Air Conditioning		Miscellaneous		
26. (Description of Work in detail)								
Contact Person				Phone				
27. Bldg. Cont.		Phone		29. Mechanical Cont.		Phone		
28Plbg. Cont.		Phone		30. Mobile Home Cont. If dealer - none required				
31. Bldg. Cont. State License No.				32. City License No.				
<p>“CALL BEFORE YOU DIG”</p> <p>800-424-5555</p> <p>If excavating deeper than 12 inches you MUST first notify underground utility owners by calling the number above.</p>		<p>I certify no work will be done except as described above or on accompanying plans. All work will be performed in compliance with all codes and ordinances of the City of Goldendale.</p> <p>Applicants Signature</p> <p>_____</p>				<p>All work must be inspected prior to concealment.</p> <p>This department must have 24 hours notice for all inspections.</p>		

