TOWN OF DARRINGTON
BUILDING DEPARTMENT PERMIT APPLICATION
PO Box 397 Darrington, WA 98241 • (360) 436-1131

PROPERTY ADDRESS _____

OWNER

NAME (OR NAME OF BUSINESS)

MAILING ADDRESS

CITY | ZIP | TELEPHONE NUMBER

EMAIL

CONTRACTOR

NAME (OR NAME OF BUSINESS)

MAILING ADDRESS

CITY | ZIP | TELEPHONE NUMBER

EMAIL

STATE LICENSE NUMBER | EXPIRATION DATE | CITY LIC. NUMBER

☐ RESIDENTIAL ☐ NON-RESIDENTIAL
☐ NEW ☐ ALTER ☐ ADD ☐ REPAIR
☐ DEMOLISH ☐ FENCE ☐ SWIM POOL ☐ SIGN
☐ PLUMBING ☐ MECHANICAL ☐

Nature of Work to be done (Note: Environmental Check List may be Required)

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISION OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTIONS OR THE PERFORMANCE OF CONSTRUCTION.

PRINT NAME

SIGNATURE OF OWNER OR AUTHORIZED AGENT (DATE)

Finished Area	Unfinished Area	Garage Area
Type of Const.	Occupancy Group	No. of Dwelling Units
Size of Bldg. (Commercial)	No. of Stories	Max. Occ. Load
Sign Area	Basement ☐ Yes ☐ No	Fire Sprinklers Required ☐ Yes ☐ No
Finished Area	Fire Dept. Appr.	Approved for Issuance By
Permit Expired	Final Inspection Date	Occupancy Permit Issued

APPLICANT: COMPLETE THIS FORM WITHIN HEAVY LINES FOR WORK FOR WHICH THIS PERMIT WILL BE APPLICABLE.

PLUMBING

NO.	TYPE OF FIXTURE OR ITEM	FEE
	WATER CLOSET (TOILET)	$
	BATHTUB	
	LAVATORY (WASH BASIN)	
	SHOWER	
	KITCHEN SINK & DISP.	
	DISHWASHER	
	LAUNDRY TRAY	
	CLOTHES WASHER	
	WATER HEATER	
	URINAL	
	DRINKING FOUNTAIN	
	FLOOR - SINK OR DRAIN	
	SLOP SINK	
	WATER PIPING & TREATING EQUIP.	
	WASTE INTERCEPTOR	
	VACUUM BREAKERS (1 TO 5)	
	(OVER 5)	
	LAWN SPRINKLER SYSTEM	
	GAS PIPING	
	PERMIT	$
	TOTAL FEE	$

MECHANICAL ❑ NAT. GAS ❑ OIL ❑ LPG ❑ ELEC.

NO.	TYPE OF EQUIPMENT		FEE
	Air Cond. Units — H.P. Ea.		
	Refrigeration Units — H.P. Ea.		
	Boilers — H.P. Ea.		
	Gas Fired A.C. Units — Tonnage Ea.		
	Forced Air Systems — B.T.U.	M Ea.	
	Gravity Systems	M Ea.	
	Floor Furnaces — B.T.U.	M	
	Wall Heaters — B.T.U.	M	
	Unit Heaters — B.T.U.	M	
	Evaporative Coolers / Heat Pump		
	Ventilation Fan		
	Range Hood		
	Air Handling Unit —	C.F.M.	
	Incinerator		
	Gas Piping		
	PERMIT	$	
	TOTAL FEE	$	

	Valuation	Fee
BUILDING		
PLUMBING		
MECHANICAL		
FENCE		
SIGN		
PLAN CHECK		
ST BLDG. CODE		
CLEAR/GRADE		
STORM DRNG.		
OTHER		
TOTAL AMOUNT DUE		

PERMIT NUMBER

WHEN SIGNED AND DATED BELOW THIS IS YOUR PERMIT.

Permission is hereby given to do the above described work, according to the conditions hereon and according to the approved plans and specifications pertaining thereto, subject to compliance with the ordinances of the **TOWN OF DARRINGTON.**

Permit Issued _____ 20____ By _____
Building Official

Date Received: _____ Clerk Signature _____