



Estimated Project Cost: \$

Requestor's Information

Name:		Date
Mailling Address:		
Phone #:	Email Address:	

Building Site Information

Physical Address: _____

Tax Parcel #: _____ Zone #: _____ Lot/Block Information: _____

Type of Structure

Residential

Single Family	
Multi Units	
Shop Living Space	
Other	

Improvement Type

Residential/Commercial

New Building	
Addition	
Remodel/Repair	
Re-roof	
Other	

Square Footage

Residential/Commercial

Main Floor	
2nd Floor	
Additional Floor	
Basement	
Other	

Type of Utilities

Heat

Gas	
Electric	
Solar	
Wood	
Other	

Commercial

Warehouse	
Single Office	
Multi Office	
Shell Only	
Hotel/Motel	
Other	

Construction Type

Wood	
Steel	
Masonry	

Demolition

Demolition Only	
Demo & Build	

Accessory/External

Covered Portch	
Deck	
Garage	
Shop	
Shed	
Other	

Sewer

City Sewer	
Septic system	

Water

City Water	
Well	

Description of Project

[illegible]

Sub-Contractor's List

Sub-contractor's Name:	
Sub-contractor's Company:	
Address:	
Phone #:	Email Address:

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Sub-contractor's Company:	
Address:	
Phone #:	Email Address:

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Sub-contractor's Company:	
Address:	
Phone #:	Email Address:

This permit is granted upon the express condition that the building for which this permit is issued shall conform in all respects to the Uniform Building Code, Washington State Energy Zoning Ordinance, and any other codes or ordinances that may apply, as adopted by the City of Electric City, WA, and may be revoked at any time upon the violation of any of the provisions of said regulations. This permit will be good only for commencement of work within a given timeframe, after which time this permit will be void.

I hereby acknowledge that I have read this application, and state that the above is correct, and I agree to comply with all town ordinance regulation building construction codes.

Signature	Printed Name
Date Issued	Permit Expiration Date

A SKETCH OF THE PROJECT, WITH DIMENSIONS SHOWING SETBACKS FROM THE STREET, ALLEY AND ADJACENT PROPERTY, MUST BE ATTACHED BEFORE ANY APPROVAL IS GIVEN.