Zoning Permit Fee_____
Review Fee_____
TOTAL_____
Receipt#_____

PERMIT #_____

ACCESSORY DWELLING UNIT PERMIT APPLICATION

Application Date_____
Street Address:_____

Tax Parcel Number(s):_____

Legal Description/Subdivision Name:_____

Project Description:_____

Project Cost $_____

OWNER/APPLICANT INFORMATION

Owner:_____
Phone:_____ Fax:_____
Mailing Address:_____
City/State/Zip:_____

Applicant:_____
Phone:_____ Fax:_____
Mailing Address:_____
City/State/Zip:_____

Contractor:_____
Phone:_____ Fax:_____
Mailing Address:_____
City/State/Zip:_____

Architect/Engineer:_____
Phone:_____ Fax:_____
Mailing Address:_____
City/State/Zip:_____
Contact Name:_____

WA State Contractor License #_____ Expiration Date:_____
City Business License #_____ Expiration Date:_____

EXISTING BUILDING INFORMATION

	Existing Total SF	*Remodel Proposed SF*	*Addition Proposed SF*	*New Proposed SF*
1st Floor				
2nd Floor				
Garage				
Covered Porch				
Deck				

Does this building have fire sprinklers throughout? ❒ ***Yes*** ❒ ***No*** ***Type of Construction:*** _____

Total Square Footage of Residence (including accessory unit): _____

Total Square Footage of Accessory Unit ONLY: _____

Does the Accessory Unit Currently Exist? ❒ ***Yes*** ❒ ***No***

If Yes, was a building permit obtained? ❒ ***Yes*** ❒ ***No***

If Yes, when was it isused and what is the building permit number? _____

MECHANICAL

(Please indicate the number of units where applicable,all mechanical equipment new and relocated need to be listed)

Application Fee: _____

AC/Heat Pump	_____	Gas Outlets	_____
Furnace	_____	Gas/Wood Stove Inserts	_____
Exhaust Fans	_____	Evaporative Cooler	_____
Unit Heater	_____	Exhaust Hood (commercial)	_____
Other	_____		

PLUMBING

(Please indicate the number of units where applicable, pleae indicate the number of new and relocated fixtures)

Kitchen Sink	_____	Sewer	_____
Dishwasher	_____	Water Service	_____
Clothes Washer	_____	Irrigation System	_____
Laundry Tray	_____	Floor Drain	_____
Lavatory(hand sink)	_____	Floor Sink	_____
Water Closet(toilet)	_____	Back Water Valve (sewer)	_____
Bathtub/Shower	_____	Back Flow Device/Double Check	_____
Shower	_____	Grease Interceptor	_____
Water Heater	_____	Other	_____

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the Ephrata Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements.

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 registrations and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit. I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit or approval may be revoked.

Submittals include but are not limited to: 2 complete sets of Construction plans with site plan, 2 sets of truss, floor joist and beam specifications. All documents required by the Washington State Energy Code. Engineered documents must include original wet stamp and calculations.

_____ _____

Signature of Owner/Authorized Agent Date