



CITY OF
UNION GAP
1883

Building Permit Application

City of Union Gap Community Development
102 W Ahtanum RD
Union Gap, WA 98903
Phone: 509.575.3638

PROJECT INFORMATION:

Building Info:

- | | | |
|--|---|--|
| ☐ Single-Family New | ☐ Single-Family Alteration | ☐ Single-Family Addition |
| ☐ Multi-Family New | ☐ Multi-Family Alteration | ☐ Multifamily Addition |
| ☐ Commercial New | ☐ Commercial Addition | ☐ Commercial Tenant Improvement |

Site Address:

Parcel Number:

Zoning: ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐ C-1 ☐ C-2 ☐ CBD ☐ W/W ☐ L-I

Will 1 acre or more be cleared or graded? ☐ yes ☐ no Temporary Const. Trailer? ☐ yes ☐ no

Is the property within the flood area? ☐ yes ☐ no Change of Occupancy? ☐ yes ☐ no

Description:

Fire Sprinklers: ☐ yes ☐ no City Water: ☐ existing ☐ new City Sewer: ☐ existing ☐ new
Fire Alarm: ☐ yes ☐ no Private Well: ☐ existing ☐ new Septic Sys: ☐ existing ☐ new

Total Square Footage:			Construction Type (s):		
Estimated Cost of Construction:			Occupancy Class:		
PROPERTY OWNER:					
Property Owner Name:			Phone:		
Address:			Mobile:		
City:	State:	Zip:	Fax:		
Signature:			Email:		
APPLICANT: ☐ (check box if applicant is the same as property owner)					
Applicant Name:			Phone:		
Address:			Mobile:		
City:	State:	Zip:	Fax:		
Signature:			Email:		

CONTRACTOR:

Contractor Name:			Phone:
Address:			Mobile:
City:	State:	Zip:	Fax:
License Number:			Email:
Signature:			

DESIGN PROFESSIONAL:

Design Professional Name:			Phone:
Address:			Mobile:
City:	State:	Zip:	Fax:
Signature:			Email:

This Section to Be Completed for Construction Permits Only

Pursuant to RCW 19.27.095 (2)(i-ii). The requirements for a fully completed construction application shall include.

1. The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or
2. The name and address of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project.

If for any reason the information requested below is not available at the time of the application, the applicant shall provide the information as soon as it can be reasonably obtained.

Lending Agency Name: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

I acknowledge by checking this box that this project has no bonding agency.

If you are the Owner and Acting As your Own Contractor, please complete the following declaration:

I acknowledge that I am applying for a construction permit thru the Union Gap Community Development Department.

I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) _____ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____