CITY OF EAST WENATCHEE
PERMIT APPLICATION
DEPARTMENT OF COMMUNITY DEVELOPMENT
271 9TH STREET NE
EAST WENATCHEE, WA 98802
(509) 884-1796 or (509) 884-5396 FAX (509)884-6233

JOB SITE ADDRESS

PARCEL NO

LEGAL DESCRIPTION

TYPE OF CONSTRUCTION:

Residential	Commercial
○ New Residential	○ New Commercial
○ Addition	○ Tenant Improvements
○ Remodel	○ Commercial Addition
○ Multi-Family	○ Demolition
○ Signage	

PROJECT DESCRIPTION

PROJECT VALUATION $

LOT SIZE

NUMBER OF: Stories/levels;'
Bathrooms
Bedrooms

Building Height

Square feet per: 1st Level
2nd Level
Basement
Deck
Garage

APPLICANT NAME;

Email:

MAILING ADDRESS:

DAY PHONE:_____

CELL PHONE: _____

OWNER'S NAME:

MAILING ADDRESS:

PHONE:_____

CELL PHONE: _____

CONTRACTOR'S NAME:

MAILING ADDRESS:

DAY PHONE:_____

CELL PHONE:_____

CONTRACTOR'S LICENSE NO.

EXPIRATION DATE:

CITY BUSINESS LICENSE NO. (REQUIRED)

ARCHITECT/DESIGNER'S NAME:
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)

PHONE:_____

FAX No.: _____

EMAIL ADDRESS:

LENDING AGENCY NAME: (RCW 19.27.095)

By signing below, I certify that the information provided with this application herein is true and accurate. I further certify that any and all work performed shall be done in accordance with the ordinances and laws of the City of East Wenatchee.

Authorized Agent Signature_____ Date:_____

Print Name _____

ALL SPECIAL APPROVALS THAT PERTAIN TO YOUR PROJECT MUST BE SIGNED BEFORE ISSUANCE OF YOUR BUILDING PERMIT.

Water District:	Sewer District:
Health District:	Fire District:
Reclamation District:	Planning Department:
Building Official:	Street Supervisor:

File No.:_____

OWNERSHIP CERTIFICATE

I, _____, hereby certify that I am the major property owner, authorized agent, or officer of the corporation owning property described in the attached application and I have familiarized myself with the rules and regulations of the City of East Wenatchee with respect to making this application and that the statements, answers and information contained therein are in all respects true and correct to the best of my knowledge and belief. Further, I possess full legal authority and rights necessary to exercise control over the subject property.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

_____ _____

Signature Date

Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

If corporation, Corporate Name: _____

Title of Signatory: _____

ACKN OWLEDGMENT

STATE OF WASHINGTON)

) SS

COUNTY OF DOUGLAS)

INDIVIDUAL

I certify that I know or have satisfactory evidence that _____ _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

_____

Signature of Notary Public

NOTARY PUBLIC in and for the State of Washington. Residing at _____

_____

My appointment expires _____

CORPORATION

On this_____day of_____, 20___before me personally appeared _____ _____, to me known to be the _____

(president, vice-president, secretary, treasurer, or other authorized officer or agent as specified above)

of the corporation known as _____

(name of corporation)

that executed the within and foregoing instrument, and acknowledged said instrument to be free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation. In Witness Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

_____

Signature of Notary Public

NOTARY PUBLIC in and for the State of Washington. Residing at _____

_____

My appointment expires _____