

City of Omak

MASTER APPLICATION

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY — PLEASE PRINT

Docket/Permit #: _____
Date Received: _____
Received By: _____

APPLICANT:

Last Name or Business Name: _____ First Name: _____

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

Phone: _____ Cell: _____ E-mail: _____

Contact Person: _____ Phone: _____ E-mail: _____

PROPERTY OWNER (if different than applicant):

Last Name: _____ First Name: _____

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

Phone: _____ Cell: _____ E-mail: _____

CONTRACTOR:

Name: _____

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

Phone: _____ Cell: _____ E-mail: _____

Contractor's License #: _____ City Business License #: _____

A lender has administered/will administer interim construction financing:
 Lender Name: _____ Address: _____ Phone: _____
 Bonding Agency: _____ Address: _____ Phone: _____

A payment bond has been/will be issued on behalf of the contractor for the protection of the owner for an amount not less than 50% of the construction cost.
 Address: _____ Phone: _____

PROJECT INFORMATION:

Project Address: _____ Assessor's Tax Parcel Number: _____

Land Use Information	Square Footage	Building Information	Type of Heat
Subdivision/Plat: _____	Floor 1: _____	# of Bedrooms: _____	_____
Lot No.(s): _____	Floor 2: _____	# of Bathrooms: _____	_____
Block No.: _____	Floor 3: _____	# of Living Units: _____	Value/Sq. Ft.: _____
Lot Area (sq. ft.): _____	Deck: _____	Occupancy Group: _____	_____
% of Lot Coverage: _____	Basement: _____	Type of Construction: _____	*Total Fair Market Value: <small>REQUIRED</small>
Building Height: _____	Garage/Carport: _____	Division: _____	_____

TYPE OF APPLICATION

Building (B) Plumbing (P) Mechanical (M) Sign (S) Design (D) Fence (F) Fire/Safety (FS) Lighting (L)
 Demolition (BD) Footing/Foundation (FF) Grade/Excavation/Fill (G) Parking Lot (PL) Other (O) _____
Please approval required for this permit.

CLASS OF WORK

New Addition Remodel Repair Move Occupancy Change

Describe project and proposed use in detail: _____

Notice: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the City of Omak Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from 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. All provisions of laws and ordinances governing the type of project shall be complied with whether specified herein or not. The granting of a permit or an approval does not presume to give authority to violate or cancel the provisions of any other federal, state, or local laws regulating construction, the performance of construction, and/or operation of the project. 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 registration (RCW 18.27.090) and will do all my own work or use properly licensed subcontractors (State and City) in connection with the work to be performed under this permit and am not performing the work for the purpose of selling, demolishing or leasing the property. 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.

Applicant's Signature: _____ Date: _____

STAFF USE ONLY Zoning / Comp. Plan: _____ Flood: _____ Shoreline: _____

FEES:

Building Permit	Plan Review	Design Review	Water
State Surcharge _____	Land Use _____	Sign Permit _____	Sewer _____
Mechanical _____	Demolition _____	Lighting Permit _____	Storm _____
Plumbing _____	Fence Permit _____	Fire/Safety _____	Other _____

TOTAL FEES: _____

PAYMENTS:

Cash Check Number: _____ Date Received: _____ Receipt #: _____ Fees Paid: _____
 Cash Check Number: _____ Date Received: _____ Receipt #: _____ Fees Paid: _____

DEPARTMENT	APPROVED BY	DATE	COMMENTS
Planning			
Public Works			
Fire/Safety			
Building			