

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

City of Omak

MASTER APPLICATION

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

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: _____
 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.
 Bonding Agency: _____ Address: _____ Phone: _____

PROJECT INFORMATION:

Project Address: _____ Assessor's Tax Parcel Number: _____
Land Use Information **Square Footage** **Building Information**
 Subdivision/Plat: _____ Floor 1: _____ # of Bedrooms: _____ Type of Heat: _____
 Lot No.(s): _____ Floor 2: _____ # of Bathrooms: _____ Value/Sq. Ft.: _____
 Block No.: _____ Floor 3: _____ # of Living Units: _____
 Lot Area (sq. ft.): _____ Deck: _____ Occupancy Group: _____ *Total Fair Market Value: _____
 % of Lot Coverage: _____ Basement: _____ Type of Construction: _____
 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)

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 _____

PAYMENTS:

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

TOTAL FEES: _____

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