



Building Permit Application

BA-01
APPLICATION

Community Development Department
501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) permits@ci.ellensburg.wa.us

PROJECT LOCATION:

Site Address:	
Business Name:	
Parcel Number:	_____

OFFICIAL USE ONLY:

Staff Person:	
Date Applied:	
PERMIT #:	

PROPERTY OWNER:

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

*APPLICANT: Owner Contractor Tenant Other _____

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

CONTACT PERSON: Owner Contractor Tenant Other _____

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

DESIGN PROFESSIONAL: Architect Engineer Other _____

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	

CONTRACTOR:

Name:		Day Phone:	
Mailing Address:			
E-mail:		Cell Phone:	
Contractor License No:		Expiration Date:	
Business License No:		Expiration Date:	

PERSON PERFORMING THE WORK:

I am currently registered and properly licensed as a **CONTRACTOR** or **SPECIALITY CONTRACTOR** as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit; or

I am an **AUTHORIZED AGENT** of the property owner and all work will be done by a properly licensed contractor or a specialty contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit; or:

I am **EXEMPT** from the requirements of the Contractor Registration laws, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I will do all of my own work or use all registered and licensed contractors and/or specialty contractors in connection with the work to be performed under the permit applied herein.

For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-800-647-0982 (or) www.lni.wa.gov (or) www.lni.wa.gov/TradesLicensing/Contractors/HireCon/.

PROJECT INFORMATION:			
Description of Work:			
Existing Use:		Proposed Use:	
TOTAL EXISTING AREA (sq/ft)		TOTAL NEW AREA (sq/ft)	
Building Type: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> PUBLIC <input type="checkbox"/> MFH	Type of Project: <input type="checkbox"/> New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Addition <input type="checkbox"/> Reroof <input type="checkbox"/> Accessory <input type="checkbox"/> Foundation <input type="checkbox"/> Repair <input type="checkbox"/> Other _____		Number Stories: _____ Dwelling Units: _____
	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Building Height: _____
	Total Number Bedrooms: _____		Heat Source: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____
	Sewer Connection: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A		Gas Service: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A
Water Connection: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A		Electric Service: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> N/A	
Project Valuation (Based on Fair Market Value of Labor and Materials): _____			

LENDER INFORMATION:		Self Financed, YES <input type="checkbox"/> NO <input type="checkbox"/>	
If you checked "NO" - Information must be provided for projects valued over \$5,000 per RCW 19.27.095.			
Name of Lender (or) Bonding Company:		Phone No:	
Complete Address:			

APPLICANT CERTIFICATION:	
<p>* I certify that I am the owner of the property described above (or) the owner(s) authorized agent and I have been given express permission by the owner(s) of the property to submit this application for permit and that I am authorized by the owner(s) of this property to perform the work for which the application is made and I comply with the requirements of the Washington State Contractors Act, per RCW 18.27. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of Ellensburg, state and federal regulations and laws pertaining to the work authorized by the issuance of a permit. I understand that issuance of this permit does not remove the owner's responsibility for compliance with state or federal laws regulating construction, land use or environmental laws.</p>	
Signature of Applicant: Owner (or) Authorized Agent	Date:
Print Name:	
NOTICE: An application for a permit for any proposed work shall be deemed to have been abandoned (and expire) 180 days after the date of filing unless such application has been pursued in good faith or a permit has been issued.	

Applicants must contact the Kittitas County Health Department for projects involving food/beverage service (509) 962-7515

TO BE COMPLETED BY STAFF:			
Use Zone:	Allowed Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	CUP Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	Variance Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy Classification(s):	Type Construction:		
Setbacks: FRONT: _____	SIDES: _____ / _____	REAR: _____	Critical Areas Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Flood Zone:	Other Critical Areas:	CAO Form Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Design Review Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:	Elevation Cert (s) Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	