



KITITITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 NORTH RUBY STREET SUITE #2 ■ ELLENSBURG, WA 98926
PHONE (509) 962-7506 ■ FAX (509) 962-7682

General Application for Construction

Assessor Map Number:	
(Use http://www.co.kittitas.wa.us/assessor/property.asp if needed) Example 21-12-35000-0021 _____ - _____ - _____ - _____ - _____	
Short Plat/ Subdivision:	Lot #:

Official Use Only:
Permit #:
Date Applied:
Intake:

Site Address:			
Project Description/ Nature of Work:		Square Foot Total:	
Specific Use of Structure:		No. of Bedrooms:	
Heating System Type & Location:	Heating System Fuel Type:	Fireplace Fuel Type:	Hot Water Location & Fuel:
<input type="checkbox"/> New Residential <input type="checkbox"/> Residential Alteration <input type="checkbox"/> Residential Addition <input type="checkbox"/> Foundation	<input type="checkbox"/> New Commercial <input type="checkbox"/> Commercial Alteration <input type="checkbox"/> Commercial Addition <input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Multi-Family <input type="checkbox"/> Demolition <input type="checkbox"/> Mobile Home <input type="checkbox"/> Accessory Building	<input type="checkbox"/> Accessory Building Alteration <input type="checkbox"/> Agricultural Building <input type="checkbox"/> Other

PROPERTY OWNER:		Day Phone:
Mailing Address:		
City, State, ZIP:		
E-mail:		Cell Phone:
CONTRACTOR:		Day Phone:
Contact:		
Address, City, State, ZIP:		
E-mail:		Cell Phone:
Contractor License #:		Expiration Date:
ARCHITECT/ ENGINEER/ DESIGNER:		Day Phone:
Contact:		
Address, City, State, ZIP:		
E-mail:		Cell Phone:
Professional License No.:		Expiration Date:

APPLICANT/ AGENT:		Day Phone:
Company (if any):		
Address, City, State, ZIP:		
E-mail:		Cell Phone:

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:

- i. The name, address, and phone number of the office of the lender administering the interim construction financing, if any: OR
- ii. 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 application, the applicant shall provide the information as soon as it can be reasonably be obtained.

<input type="checkbox"/> Lending Agency Name:	Phone:
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Mailing Address:	City:	State:	ZIP:
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I acknowledge by checking this box that this project has no lending agency for construction financing.

<input type="checkbox"/> Bonding Agency Name:	Phone:
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Mailing Address:	City:	State:	ZIP:
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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 through the Kittitas County Community Development Services. 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.

Owner Signature: _____ Date: _____

1. All permits shall expire by limitation and be declared void if any one of the following apply:
 - a. Work is not started within 365 days of obtaining a permit.
 - b. Work is abandoned for 365 days or more after beginning work.
 - c. An inspection and approval of work completed has not been performed by Kittitas County Community Development Services for 365 days.
2. The building permit card and approved construction plans shall be kept on the site of work until completion of the project.
3. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection. It shall be the duty of the person requesting any inspections required by code to provide access to and means for inspection of such work. Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the building official. Any portion that does not comply shall be corrected and such portion shall not be covered or concealed until authorized by the building official.
4. No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made until the building official has issued a Certificate of Occupancy.
5. Work shall be installed in accordance with the approved construction documents, and any changes made during construction that are not in compliance with the approved construction documents shall be resubmitted for approval as an amended set of construction documents.

I hereby acknowledge that I have read this application and certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I agree to comply with all current codes, laws, regulations and permit requirements related to this project. I hereby certify that I will pay all fees as required by law, including any applicable review fees if I do not purchase the permit. I further agree to, and hereby grant to Kittitas County Community Development Services and Department of Public Works a right to enter onto the premises as described for this permit application, for the purpose of making such inspections and tests as may be required. By signing this application, the Owner certifies that they are the legal owner of the property. All permit fees are non-refundable.

Owners Signature: (Required)		Authorized Agent Signature:	
Print Name:		Print Name:	
Date:		Date:	