



# BUILDING PERMIT APPLICATION

Centralia City Hall, 2<sup>nd</sup> Floor  
 118 W. Maple Street  
 PO Box 609  
 Centralia, WA 98531

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To Be Filled by Applicant – please print or type			For Official Use Only	
Owner Builder: Yes or No	Jobsite Address (Location):		<b>Building Permit # :</b>	
Applicant/Property Owner's Name:			<b>Permit #</b>	<b>Permit #</b>
Applicant/Property Owner's Address:			<b>Permit Issuance Date:</b>	
City:	State:	Zip:	<b>Date Approved:</b>	
Phone:	Cell:	Email:	<b>Occupancy Type:</b>	
Architect/Engineer:			<b>Construction Type:</b>	
Architect/Engineer Address:			<b>Planning/Zoning Approval:</b> <input type="checkbox"/>	
City:	State:	Zip:	<b>Planner's Signature:</b>	
Phone:	Cell:	Email:	<b>Parcel Number:</b>	
Contractor or Builder:			<b>Zoning:</b>	<b>Floodplain</b> Yes or No
Contractor or Builder's Address:			<b>Building Setbacks From Property Lines</b>	
City:	State:	Zip:	<b>Front:</b>	<b>Rear:</b>
Phone:	Cell:	Email:	<b>Side 1:</b>	<b>Side 2:</b>
Valuation of work: \$	State License #:	License Expiration Date:	<b>Corner or Side Street:</b>	
<b>Existing Use of Parcel</b>		<b>Intended Use of Parcel</b>		
<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial	<input type="checkbox"/> Remodel	<input type="checkbox"/> Addition	
<input type="checkbox"/> Single Family	<input type="checkbox"/> Industrial	<input type="checkbox"/> New Residence	<input type="checkbox"/> Commercial	
<input type="checkbox"/> Duplex	<input type="checkbox"/> Other	<input type="checkbox"/> Duplex	<input type="checkbox"/> Industrial	
<input type="checkbox"/> Twinhome/Townhomes		<input type="checkbox"/> Multiple Units	<input type="checkbox"/> Other	
<input type="checkbox"/> Multiple Units		<input type="checkbox"/> Twinhome/Townhome		
<b>Project Description:</b>				
<b>Building Data</b>	Property Size (acre or sq ft)	Fire Sprinkler System: Yes or No	Hazardous Material: Yes or No	
Building (sq ft)	Garage (sq ft)	1 <sup>st</sup> Floor (sq ft)	2 <sup>nd</sup> Floor (sq ft)	
Porch Area (sq ft)	Deck Area (sq ft)	Basement: Yes or No	Accessory Building/Detached Shed: Yes or No	
Height of Building (ft)	# of Stories	Heating System Type:	Septic System: Yes or No	
# Bedrooms	# Bathrooms	# Plumbing Fixtures	# of Fireplaces or Woodstoves	
<b>Note:</b> Washington State Law requires that the City prior to permit issuance verify contractor registration. Verification will be either the original contractor card presented at permit application or a notarized copy of the contractor card.				
<b>Please read carefully:</b> I agree to comply with all City, County, State Building Laws and Ordinances, and that the representations in this application for a building permit are true and accurate, and any misrepresentations or errors herein are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents. This permit becomes null and void if work on construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. A building inspection is required to verify construction has not been abandoned. I have established setbacks from property lines and will take all responsibility for setting the building to meet all code requirements. I have inspected all site improvements and found them to meet City Standards and agree to repair any future damage up to receipt of certificate of occupancy. I am an authorized person for the above name applicant and I have read and agreed to these conditions.				
<b>Applicant's Signature:</b>			<b>Date:</b>	