Master Residential Permit Application

City of La Center, Building Services
305 NW Pacific Hwy
La Center, WA 98629
Ph. 360-263-7665 Fax 360-263-7666
Inspection Line: 360-263-6702
Inspection Email: inspections@ci.lacenter.wa.us

JOB SITE LOCATION			
Project Address or Tax ID:			
Subdivision:	Lot #:	Lot Size	sq ft

PROPERTY OWNER	
Name:	
Address, City, State, Zip:	
Phone:	Email:

CONTRACTOR	
Business Name:	
Address, City, State, Zip:	
Phone:	Email:
WA State Contractor's License #:	

SUB-CONTRACTORS	
Plumbing:	Mechanical:
Contractor's License #:	Contractor's License #:
Phone:	Phone:

APPLICANT	
Company Name:	
Contact Name:	
Address, City, State, Zip:	
Phone:	Email:

DESCRIPTION OF WORK

EXHAUST FANS	
Bath: #_____	
Kitchen	
Laundry	
Other	
Total:	

Office Use Only		
Permit #:	Date Submitted:	
Deferral: Yes No	Received by:	
Fee Paid:	Cust. #:	

PERMIT TYPE			
☐	New Construction	☐	Addition/Remodel
☐	Plumbing	☐	Mechanical
☐	Deck	☐	Reroof/Reside
☐	ROW	☐	Other (specify)

CATEGORY OF CONSTRUCTION			
☐	1 & 2 Family Dwelling	☐	Accessory Structure
Other (specify):			

NEW SQUARE FOOTAGE/VALUATION	
1st Floor sq. ft.	
2nd Floor sq. ft.	
Total Building sq. ft.	
Garage sq. ft.	
Decks/Covd. patio sq. ft.	
Unfinished sq. ft.	
*Valuation	
Percent of lot coverage	

*Permit fees are based on materials and labor of work performed.

PLUMBING INFORMATION (please indicate the number of each fixture) **Total** _____

Toilets	Kitchen Sink	Water Heater (gas)	Roof Drain	Other (Specify)
Tub/Shower	Dishwasher	Water Heater (elec)	Septic Tank	Other (Specify)
Bathroom Sink	Garbage Disposal	Water Connection	Grinder Pump	Other (Specify)
Bidet	Refrigerator Line	Gas Pipe System	Other (Specify)	Other (Specify)
Laundry Sink	Refrigerator Drain	Washing Machine	If you have other plumbing fixtures not shown here, it is the applicant's responsibility to place the description and fixture count in the "Other" sections.	
Bar Sink	Floor Drain	Hose Bibs	Irrigation (separate permit) Yes or No	

MECHANICAL INFORMATION			
Fuel Type	☐ Gas	☐ Electric	☐ Other
Number of gas piping outlets			#
System Type	☐ Forced Air	☐ Ductless	☐ Room Heater
	☐ Heat Pump	Other	
Furnace	BTU	Air Conditioner	Tons
Fireplace (s)	#	Wood Stove	#
Mechanical Valuation			$

MECHANICAL FIXTURE COUNT (please indicate the number of each fixture) Total Fixtures: _____				
Air Hand. <10,000 CFM	Boiler or Compr. <15-30hp	Fuel Gas Vents	Heat Pump/ AC 3-15	Vent Fan w/ Duct
Air Hand. >10,000 CFM	Boiler or Compr. <30-50hp	Furnace Floor	Heat Pump/ A/C 15-30	Hood w/ Mech. Exhaust
Appliances	Boiler or Compr. >50hp	Furnace <1000k BTU	Heat Pump/ A/C 30-50	Ventilation / Exhaust System
Add./Alt. Heating/Cooling Appliances	Cooling Unit	Furnace >1000k BTU	Heat Pump/ A/C >50	Wood/Pellet/Gas Stove/Fireplace Insert
Appliance Ventilation	Ducts	Gas Fireplace	Heater	Wood/Pellet/Gas Stove/Fireplace Free Standing
Boiler or Compr. <3hp	Ductless Interior Unit/Air Handlers <10,000 CFM	Gas Piping System	Incinerator Commercial	Other (Specify)
Boiler or Compr. 3-15hp	Evap. Cooler	Heat Pump/ AC 0-3	Incinerator Residential	
If you have other mechanical fixtures not shown here, it is the applicant's responsibility to place the description and fixture count in the "Other" section. Appliances include dryers, stoves, refrigerators, ovens, HVAC, etc. All mechanical appliances must be accounted for.				

**By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code. This permit becomes null and void if work or construction authorized is not commenced within 180 days from submittal, or if construction of work is suspended or abandoned for a period of 180 days at any time after work has commenced. I also understand that any request for a refund must comply with the City of La Center refund procedures. I hereby certify that I read and examined this application and know the same to be true and correct and agree to comply with City ordinances and state laws regulating the performance of construction. I certify that I am either the property owner or Washington State licensed contractor or an authorized agent applying for the permit under the explicit permission of the property owner.

Signature:_____ Date:_____