

DATE RECEIVED: _____

DATE ISSUED: _____

REINSPECTION/REAPPLICATION PERMIT FOR EXISTING PERMIT # _____

FRANKLIN COUNTY, WA - BUILDING APPLICATION

Site Address _____ City _____ State _____ Zip Code _____

Parcel Number _____ Legal Description _____

Building Owner _____ Current Address _____ Phone Number _____

Property Owner _____ Current Address _____ Phone Number _____

Contractor _____ Mailing Address _____ Phone Number _____

Contractor License No. _____ Expiration Date _____ County Business License No. _____

Engineer/Architect/Designer _____ Mailing Address _____ Phone Number _____

After review of your plans, the Building Department may have comments or requests for additional information that are required prior to issuance of your building permit. These comments can be emailed, faxed or mailed to you. **Please check which you would prefer and provide the necessary information.**

Email Address: _____

Fax Number: _____

Current Mailing Address: _____

Use of Structure	Describe Work	Class of Work: ___ New ___ Addition ___ Alteration / Remodel ___ Repair ___ Move ___ Remove ___ Special / Re-Inspection	
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SQ. Footage: _____ Dimensions: _____	1st Floor: _____ Basement: <input type="checkbox"/> Heated: _____ <input type="checkbox"/> Unheated: _____	2nd Floor: _____ Other: _____	Garage: _____ Additional: _____
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Mech. Type: _____ No. of Units: _____ Type Construction: _____ Occupancy: _____ Sprinklers: Yes No
 Model #: _____ Tonnage: _____ No. of Units: _____ No. of Bedrooms: _____
 HSPF: _____ AFUE RTG: _____ Parcel One Acre or More: Yes No Building Height: _____
 Type of Gas: Natural LPG N.A. Wood burning appliances are required to meet the 1990 US EPA standards.

SPECIAL CONDITION: _____ Zone: _____ Front: _____
 _____ Side: Interior/Corner: _____
 _____ Side: Interior/Corner: _____
 _____ Rear: _____

Reviewed By: _____	Domestic Water Source: _____	Valuation: _____
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