

# Klickitat County Building Department

**INSTRUCTIONS:**

1. Print in INK or type this application form and return it.
2. Fill out all requested information applicable to your project.
3. Include two sets of plans, engineering calculations, diagrams and any other pertinent information, as applicable to your project.
4. Do not start construction until permit is issued.

228 W Main St., MS-CH-20

Goldendale, WA 98620

Phone (509) 773-3706 or (800) 583-8078 Fax (509) 773-2480

**PERMIT #** \_\_\_\_\_  
**Ground Snow Load** \_\_\_\_\_

## APPLICATION FOR PERMIT

**P** 1. OWNER/AUTHORIZED AGENT \_\_\_\_\_ PHONE \_\_\_\_\_

**E** 2. MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

**R** CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**S** 3. RELATIONSHIP TO PROPERTY OWNER?  SAME  CONTRACTOR  AGENT  OTHER, EXPLAIN \_\_\_\_\_

**O** 4. PROPERTY OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

**N** 5. OWNER'S ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

**A** CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**L** 6. CONTRACTOR OR SELF \_\_\_\_\_ PHONE \_\_\_\_\_

WASHINGTON LICENSE # \_\_\_\_\_ EMAIL \_\_\_\_\_

7. MOBILE HOME INSTALLER OR SELF \_\_\_\_\_ PHONE \_\_\_\_\_

WASHINGTON LICENSE # \_\_\_\_\_ EMAIL \_\_\_\_\_

**P** 1. TAX PARCEL NUMBER \_\_\_\_\_

**R** 2. IS THIS PARCEL PART OF A RECORDED SUBDIVISION OR SHORT PLAT?  YES  NO

**O** 3. IF YES GIVE LOT # \_\_\_\_\_ BLOCK # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

**P** 4. SITE ADDRESS \_\_\_\_\_ LOT SIZE \_\_\_\_\_ SQ.FT. OR \_\_\_\_\_ ACRES

**E** 5. PURCHASED FROM \_\_\_\_\_ WHEN \_\_\_\_\_

**R** 6. WHAT IS THE CURRENT USE OF THIS PROPERTY \_\_\_\_\_

**T** 7. IS THIS PROPERTY FLAT?  YES  NO IF NO, HOW MUCH SLOPE IS THERE? \_\_\_\_\_

**Y** 8. DESCRIBE ALL EXISTING BUILDINGS & STRUCTURES ON THIS PARCEL \_\_\_\_\_

\_\_\_\_\_

9. GIVE SPECIFIC DIRECTIONS TO PROJECT BY ROADS \_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY

DEPARTMENT REVIEW	DATE ROUTED	DATE RECEIVED	DATE RE-ROUTED	RESPONSE RECEIVED
<b>HEALTH DEPARTMENT</b>				
<b>ROAD DEPARTMENT</b>				
<b>PLANNING DEPT</b>				
<b>PLAN REVIEW</b>				
<b>DEPT OF L &amp; I</b>				
<b>INSTALLATION INST.</b>				

❖ If your property is located in the National Scenic Area, the Columbia River Gorge Commission requires you to comply with all National Scenic Area regulations. They can be contacted at (509) 493-3323

T 1. TYPE OF WORK:  NEW CONSTRUCTION  ALTERATION  REPAIR  DEMOLITION  USE CHANGE  
 Y  MOBILE HOME  COMMERCIAL COACH  CONTAINER  MECHANICAL  PLUMBING  
 P 2. CATEGORY OF WORK:  PRIMARY RESIDENCE  ACCESSORY DWELLING UNIT  GARAGE  AGRICULTURAL  
 E  COMMERCIAL I502 RELATED? YES NO (CIRCLE ONE)  OTHER \_\_\_\_\_

P 1. DESCRIBE PROJECT & SPECIFIC USE OF STRUCTURE \_\_\_\_\_  
 R \_\_\_\_\_  
 O 2. PROJECT WITHIN 200' OF A RIVER, LAKE OR STREAM OR 300' OF A WETLAND?  YES  NO IF SO, NAME \_\_\_\_\_  
 J 3. PROJECT LOCATED WITHIN 200' OF A PUBLIC SEWER LINE?  YES  NO  
 E 4. WATER SOURCE  CITY  WELL  WATER ASSOCIATION, if so, \_\_\_\_\_  
 C 5. SEWAGE DISPOSAL METHOD  CITY SEWER  SEPTIC if so, Date Installed \_\_\_\_\_  
 T 6. HEAT SOURCE  ELECTRIC  NATRUAL GAS  PROPANE – TANK SIZE # \_\_\_\_\_ GALLONS # OF GAS OUTLETS \_\_\_\_\_  
 DUCTED SYSTEM ALL DUCT WORK IN HEATED SPACE?  YES  NO  
 7. DETAILS: # SQ. FT. \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_ VALUATION OF PROJECT(not cost but value) \_\_\_\_\_

**MOBILE/MANUFACTURED HOME PLACEMENTS**

M 1. IS THIS MANUFACTURED HOME TO BE AN ACCESSORY DWELLING UNIT?  YES  NO  
 B 2. ORIGIN OF HOME \_\_\_\_\_ SIZE: SW DW TW QUAD (CIRCLE ONE)  
 H 3. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ DIMENSIONS \_\_\_\_\_  
 M 4. FOOTING  CONCRETE RUNNERS  CONCRETE BLOCK  PIT SET  OTHER \_\_\_\_\_  
 5. SKIRTING  CONCRETE BLOCK  CONCRETE  METAL  WOOD  OTHER \_\_\_\_\_

**CONTAINER PLACEMENT**

C 1. LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 O 2. HAS CONTAINER BEEN ALTERED?  YES  NO IF YES, DESCRIBE ALTERATION \_\_\_\_\_  
 N \_\_\_\_\_  
 T 3. PROPOSED USE: \_\_\_\_\_

This information is a true and correct representation of the project to the best of my ability. The Building Official may, in writing, suspend or revoke a permit whenever the 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 applicable codes.

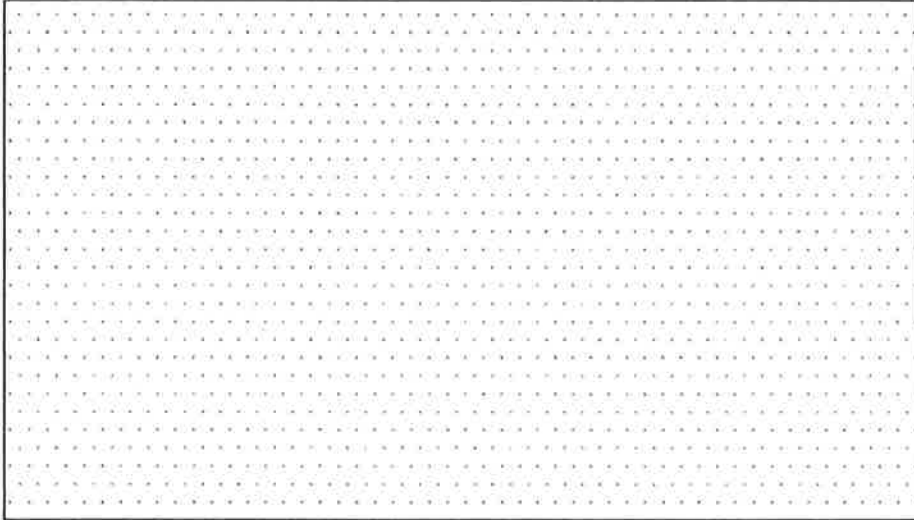
SIGNATURE OF OWNER/AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

# KLICKITAT COUNTY BUILDING DEPARTMENT

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Vicinity Sketch (Show how to find your property)

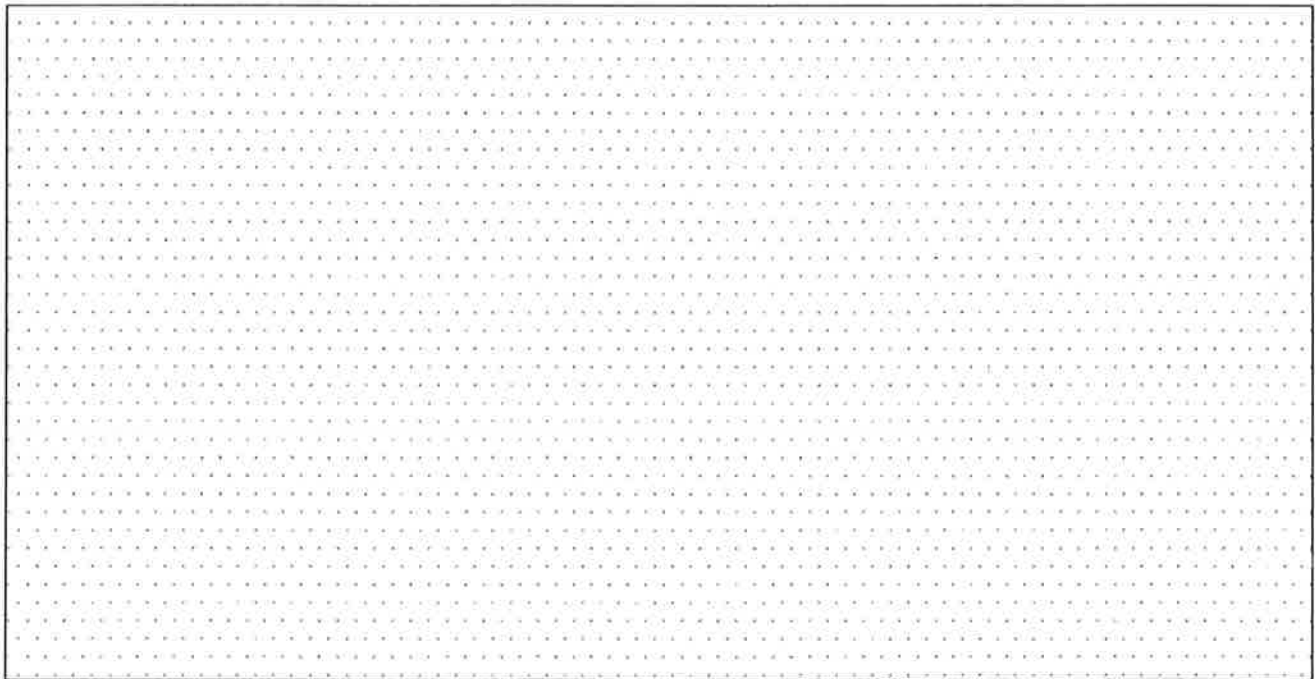
PERMIT NO. \_\_\_\_\_



## INDICATE ON LOWER GRID

1. **ALL** buildings, sizes and locations
2. Driveway
3. Water systems and pipes
4. Domestic drinking water supplies within 200 ft. of building site (springs, etc.)
5. Bodies of water within 200 ft. of building site (including seasonal)
6. Property size, property lines
7. Distance of building from all property lines and other buildings
8. Adjacent roads (including names)
9. General area intended for sewage system
10. Location of existing sewage disposal system
11. Location of test holes
12. Indicate which way is North
13. Show all legal easements, rights of way, designated high water marks

Site Plan (Show how you plan to use this property)



This information is a true and correct representation of the project to the best of my ability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_