

Frank Chestnut, Mayor



Julie Pope, Clerk-Treasurer

P. O. Box 2007 1300 First Street
Cosmopolis, Washington 98537
Phone (360) 532-9230 Fax (360) 532-9215

RESIDENTIAL BUILDING PERMIT APPLICATION

Date Submitted: _____

Building Permit #: _____

PROJECT/SITE ADDRESS: _____
(IF NO ADDRESS IS AVAILABLE, IT SHALL BE ASSIGNED BY THE BUILDING DEPT)

Please complete entire form. If a section is not applicable to your project, please indicate as N/A, not applicable. An application cannot be approved if information is incomplete. Please submit two complete sets of plans/drawings/specifications for each permit application submitted. Application must be signed and dated. Plan check fee (65% of building permit fee, as applicable) is due at the time of submittal.

SCOPE OF WORK (Please check one)

RESIDENTIAL:

- NEW CONSTRUCTION
- REMODEL AND/OR ADDITION **
- DEMOLITION **

Based on the above, please check one

- SINGLE FAMILY DWELLING
- MULTI-FAMILY/DUPLEX
- GARAGE OR CARPORT
- ACC BLDG
- DECK
- POLE BLDG
- OTHER (DESCRIBE) _____

**** DEMOLITION:** ANY WORK REQUIRING THE DEMOLITION OF A PORTION OF THE RESIDENCE/STRUCTURE TO INCLUDE INTERIOR AND/OR EXTERIOR WALLS REQUIRES AN ASBESTOS SURVEY. THE DEMOLITION OF A STRUCTURE REQUIRES AN ASBESTOS SURVEY AND REMOVAL OF ANY ASBESTOS PRIOR TO THE ISSUANCE OF A DEMOLITION PERMIT.

PLEASE PICK UP THE PACKET OUTLINING THE PROCEDURE FOR DEMOLITION. _____ Initial

OWNER: _____ **PHONE #:** _____

OWNER'S ADDRESS: _____

PARCEL NO: _____

LEGAL DESCRIPTION: _____

OR: LOT #: _____ **BLK #:** _____ **PLAT NAME:** _____

CONTRACTOR: _____

CONTRACTOR'S ADDRESS: _____

WASHINGTON STATE CONTRACTOR'S LICENSE #: _____
(PLEASE ATTACH COPY OF LICENSE OR CARD)

CITY OF COSMOPOLIS BUSINESS LIC #: _____

BUILDING INFORMATION: TOTAL PROJECT COST (ALL LABOR AND MATERIALS): \$ _____

Building permit valuations: The applicant shall provide an estimated valuation of the work at the time of application. Permit valuations shall include value of work, including materials and labor, for which the permit is being issued. **If in the case that the total value of the work exceeds 50% of the market value of the structure, then the structure shall be modified to be in compliance with IRC Section 322 Flood-resistant construction and Chapter 18 of the Cosmopolis Municipal Code.** If, in the opinion of the Building Official, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Building Official. Final building permit valuation shall be set by the Building Official.

Total Number of:

Stories _____ Bedrooms _____ Bathrooms _____

Total square footage:

1st Floor _____ 2nd Floor _____ 3rd Floor _____ Garage _____

Finished Basement _____ Unfinished Basement _____ Carport _____

Decks/Porches/Patios _____ Pole Barn _____

Construction Method:

Wood Frame _____ Metal Frame _____ Pole Bldg _____ Conc. Block _____

Manufactured Home:

Manufactured Home Hauler _____ Installers WAINS number: _____

Heating System:

Electric: Forced Air _____ Cadet _____ Baseboard _____ Heat Pump _____

Gas/Oil: Forced Air _____ Boiler _____ Radiant _____

Propane _____ Propane Tank Size _____ gallons

Zoning:

R-57 _____ R-100 _____

Setbacks:

Front Yard _____ Sideyard _____ Sideyard _____ Rear yard _____

I hereby certify that I have read and examined this application and know that the information contained herein is true and correct. I also certify that I am the owner (or owner's authorized agent) of this property and that all work shall be performed in accordance with all state and local laws regulating the project proposed by this application. I understand that failure to comply with such laws or submission of inaccurate information may result in the revocation of any permit from the application. **I understand that the fees quoted, and/or charged, may be adjusted if it is determined the valuation was inaccurate.**

OWNER/AGENT SIGNATURE: _____ DATE: _____

OWNER/AGENT PRINTED: _____ CONTACT E-MAIL: _____

CONTACT NAME (If different than above): _____ PHONE: _____

DATE RECEIVED: _____

PLAN APPROVED: _____ DATE: _____