CITY OF PULLMAN BUILDING DIVISION PERMIT
325 SE PARADISE STREET, PULLMAN, WA 99163

SITE ADDRESS _____
Lot ____ Block ____ Subdivision _____
OWNER _____
Address _____
_____
Phone _____
CONTRACTOR _____
Address _____
_____
Phone _____
License No. _____
PROJECT CONTACT _____
Phone _____

ARCHITECT _____
Phone _____

ENGINEER _____
Phone _____

*****Call (509)338-3220 before 9:00 a.m. to schedule a same-day inspection. Requests received after 9:00 a.m. will be scheduled for the next working day.**

DESCRIPTION OF WORK _____
_____
_____
_____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THIS PERMIT. ALL LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. GRANTING THIS PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE OR CANCEL ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION. I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THIS PERMIT.

Signature of Owner / Authorized Agent _____ Date _____

Printed Name _____

**** * * OFFICE USE ONLY * * ****

Occupancy Group _____
Code Edition _____
Type of Constr. _____
Occupancy Load _____
Zoning _____

VALUATION OF WORK $_____

CONDITIONS OF APPROVAL:
_____
_____
_____

APPROVED BY:
Planning Dept.: _____
Building Dept.: _____
Fire Dept.: _____
Stormwater: _____

DATE OF ISSUE _____

RECEIPT NUMBER _____

TOTAL FEE $_____

OTHER REQUIREMENTS:

Site Plan Review	Yes ☐	No ☐
Environmental Checklist	Yes ☐	No ☐
Growth Management	Yes ☐	No ☐
Floodplain Permit	Yes ☐	No ☐
Shoreline Development	Yes ☐	No ☐
Reimbursement District	Yes ☐	No ☐
Conditional Use Permit	Yes ☐	No ☐
Variance	Yes ☐	No ☐

FEE BREAKDOWN:

		Building Permit:	$_____	Sign Permit:	$_____
Plumbing Permit:	$_____	Plan Check Fee:	$_____	State Building Code:	$_____
Mechanical Permit:	$_____	Water Mtr Fee/Dep:	$_____	Damage Deposit:	$_____
Occupancy Change:	$_____	Water G.F.C.:	$_____	Demolition Permit:	$_____
Grading Permit:	$_____	Sewer G.F.C.:	$_____	_____:	$_____

Approved by: _____ _____
Building Official Date