# **CITY OF RAINIER**

102 Rochester St W | PO Box 258 | Rainier, WA 98576 P: (360) 446-2265 | F: (360) 446-2720 | cityofrainierwa.org

#### APPLICATION / PERMIT NO. \_

24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS Email rainier.inspections21@gmail.com to schedule

|                                                                                                                                    | Please Print Clearl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ly - All reques                                                                                                                                                                                                                                                                                                                                                           | ted informat                                                                                                                                                                                                                                   | tion must be                                                                                                                 | e includ | ed to be c                                                                                                                                                                                                                                                                                         | considered co                                                                                                                                                                                                   | omplete |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|                                                                                                                                    | Job Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                | Parcel #                                                                                                                     |          |                                                                                                                                                                                                                                                                                                    | Valuation                                                                                                                                                                                                       |         |
|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              |          |                                                                                                                                                                                                                                                                                                    | \$                                                                                                                                                                                                              |         |
|                                                                                                                                    | Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mailing Addr                                                                                                                                                                                                                                                                                                                                                              | ess                                                                                                                                                                                                                                            |                                                                                                                              |          | Phone                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |         |
|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              |          |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |         |
| ⊢                                                                                                                                  | Property Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mailing Addr                                                                                                                                                                                                                                                                                                                                                              | Mailing Address                                                                                                                                                                                                                                |                                                                                                                              | Phone    | Phone                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                 |         |
| Z                                                                                                                                  | Architect/Designer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                           | Mailing Addr                                                                                                                                                                                                                                   | ess                                                                                                                          |          |                                                                                                                                                                                                                                                                                                    | Phone                                                                                                                                                                                                           |         |
| ┛                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              |          |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |         |
| υ                                                                                                                                  | Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                           | Mailing Addr                                                                                                                                                                                                                                   | ess                                                                                                                          |          |                                                                                                                                                                                                                                                                                                    | Phone                                                                                                                                                                                                           |         |
|                                                                                                                                    | Lender Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                           | Mailing Addr                                                                                                                                                                                                                                   | ess                                                                                                                          |          |                                                                                                                                                                                                                                                                                                    | Phone                                                                                                                                                                                                           |         |
| <b>_</b>                                                                                                                           | Type of SFR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Commercial                                                                                                                                                                                                                                                                                                                                                                | Mechanical                                                                                                                                                                                                                                     | Sign                                                                                                                         | Class of | New                                                                                                                                                                                                                                                                                                | Alteration                                                                                                                                                                                                      | Move    |
|                                                                                                                                    | Permit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              | Work     |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | Multi-Family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Church/School                                                                                                                                                                                                                                                                                                                                                             | Plumbing                                                                                                                                                                                                                                       | Other                                                                                                                        |          | Addition                                                                                                                                                                                                                                                                                           | Repair                                                                                                                                                                                                          | Demo    |
| ∣⋖                                                                                                                                 | DESCRIBE WORK:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              |          |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | Type of Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                           | No. of Storie                                                                                                                                                                                                                                  | s                                                                                                                            |          |                                                                                                                                                                                                                                                                                                    | BUILIDNG                                                                                                                                                                                                        |         |
|                                                                                                                                    | Occupancy Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           | Floor Area                                                                                                                                                                                                                                     |                                                                                                                              | Building | g Permit Fee                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | Building Height                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           | Use Zone                                                                                                                                                                                                                                       |                                                                                                                              |          | eview Fee                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | Occupant Load                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              |          | sing Fee                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | / certify that I have read and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              |          | urcharge                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | d correct. All provisions of lav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                                                                                                                              |          | ermit Fee                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | ed with whether specified her                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |                                                                                                                              |          | g/Grading                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                 |         |
|                                                                                                                                    | e to give authority to violate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                | State or Local                                                                                                               | Other:   | pact Fee                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                 |         |
| law reg                                                                                                                            | arding construction of the pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | riormance of constru                                                                                                                                                                                                                                                                                                                                                      | JCLION.                                                                                                                                                                                                                                        |                                                                                                                              |          |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 |         |
| I                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              | Ouler.   |                                                                                                                                                                                                                                                                                                    | Total                                                                                                                                                                                                           |         |
|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                              |          | PL                                                                                                                                                                                                                                                                                                 | Total<br>UMBING                                                                                                                                                                                                 |         |
|                                                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                           | Applicant                                                                                                                                                                                                                                      |                                                                                                                              | NO.      |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                 | FEE     |
|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           | Applicant                                                                                                                                                                                                                                      |                                                                                                                              |          |                                                                                                                                                                                                                                                                                                    | UMBING                                                                                                                                                                                                          | FEE     |
|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                           | Applicant                                                                                                                                                                                                                                      | ed is not                                                                                                                    |          |                                                                                                                                                                                                                                                                                                    | UMBING<br>ITEM                                                                                                                                                                                                  | FEE     |
| This                                                                                                                               | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OTICE TO APPLICA                                                                                                                                                                                                                                                                                                                                                          | Applicant<br>NT<br>struction authorize                                                                                                                                                                                                         |                                                                                                                              |          | Permit Fee                                                                                                                                                                                                                                                                                         | UMBING<br>ITEM<br>:-Urinal                                                                                                                                                                                      | FEE     |
| This<br>comme<br>for one                                                                                                           | Network the permit becomes null and vo<br>nced within one year or if wo<br>year at any time after work is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OTICE TO APPLICA<br>id if the work or cons                                                                                                                                                                                                                                                                                                                                | Applicant<br>NT<br>struction authorize<br>spended or aband                                                                                                                                                                                     | loned                                                                                                                        |          | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower                                                                                                                                                                                                                                          | UMBING<br>ITEM<br>:-Urinal<br>n                                                                                                                                                                                 | FEE     |
| This<br>comme<br>for one<br>within o                                                                                               | Note the permit becomes null and von<br>nced within one year or if work is<br>year at any time after work is<br>ne year from date of issue.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w                                                                                                                                                                                                                                                                               | Applicant<br>INT<br>struction authorize<br>spended or aband<br>ork is not comple                                                                                                                                                               | loned<br>ited                                                                                                                |          | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was                                                                                                                                                                                                                           | UMBING<br>ITEM<br>Urinal<br>n<br>her-Diswasher                                                                                                                                                                  | FEE     |
| This<br>comme<br>for one<br>within o<br>All w                                                                                      | Note that the permit becomes null and von nced within one year or if work is year at any time after work is ne year from date of issue. <i>y</i> ork shall be done in accord                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved pla                                                                                                                                                                                                                                                      | Applicant<br>INT<br>struction authorize<br>spended or aband<br>ork is not comple<br>ans except where                                                                                                                                           | loned<br>ted<br>such approval                                                                                                |          | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp                                                                                                                                                                                                           | UMBING<br>ITEM<br>Urinal<br>n<br>her-Diswasher<br>vrinkler                                                                                                                                                      | FEE     |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col                                                                         | Note: permit becomes null and vonced within one year or if work year at any time after work is ne year from date of issue.<br>york shall be done in accord offlict with other codes. The approximation of the second offlict with other codes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved pla                                                                                                                                                                                                                                                      | Applicant<br>INT<br>struction authorize<br>spended or aband<br>ork is not comple<br>ans except where                                                                                                                                           | loned<br>ted<br>such approval                                                                                                |          | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub                                                                                                                                                                                           | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler                                                                                                                                                     | FEE     |
| This<br>comme<br>for one<br>within o<br>All w<br>is in con<br>without                                                              | Network the permit becomes null and von nced within one year or if work year at any time after work is ne year from date of issue.<br>york shall be done in accord of the state of the prior approval of the Built the prior approval of the Built the prior approval of the Built state.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved pla<br>approved plans shall<br>lding Official.                                                                                                                                                                                                           | Applicant<br><b>NT</b><br>struction authorize<br>spended or abance<br>vork is not complet<br>ans except where<br>not be changed of                                                                                                             | loned<br>ted<br>such approval<br>or modified                                                                                 | . NO.    | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp                                                                                                                                                                                                           | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>o<br>Fee (65%)                                                                                                                                   |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is                                                     | Note: the permit becomes null and vonced within one year or if work year at any time after work is ne year from date of issue. Work shall be done in accord and the prior approval of the Built the responsibility of the permited and the prior approval of the permited and the perm | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>lding Official.<br>hitee to obtain the rec                                                                                                                                                                              | Applicant<br>struction authorize<br>spended or aband<br>ork is not comple<br>ans except where<br>not be changed o<br>quired inspections                                                                                                        | loned<br>sted<br>such approval<br>or modified<br>s. Failure to notify                                                        | . NO.    | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review                                                                                                                                                                            | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>vrinkler<br>0<br>Fee (65%)<br>Total                                                                                                                          |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in con<br>without<br>It is<br>this dep                                         | Network the permit becomes null and vonced within one year or if work year at any time after work is ne year from date of issue. York shall be done in accord onflict with other codes. The at the prior approval of the Built the responsibility of the permovartment that the work is read                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>upproved plans shall<br>lding Official.<br>nitee to obtain the ready<br>for inspection may                                                                                                                                                      | Applicant<br>struction authorize<br>spended or abance<br>ork is not comple<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the                                                                                 | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of                                                | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review                                                                                                                                                                            | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>vrinkler<br>Fee (65%)<br>Total                                                                                                                               |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in con<br>without<br>It is<br>this dep                                         | Network the permit becomes null and von nced within one year or if work year at any time after work is ne year from date of issue. York shall be done in accord and the prior approval of the Built the responsibility of the permoartment that the work is react f the construction material at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>upproved plans shall<br>lding Official.<br>nitee to obtain the ready<br>for inspection may                                                                                                                                                      | Applicant<br>struction authorize<br>spended or abance<br>ork is not comple<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the                                                                                 | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of                                                | . NO.    | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review                                                                                                                                                                            | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>vrinkler<br>0<br>Fee (65%)<br>Total                                                                                                                          |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in con<br>without<br>It is<br>this dep<br>some o                               | Ne permit becomes null and vo nced within one year or if we year at any time after work is ne year from date of issue. York shall be done in accord offlict with other codes. The at the prior approval of the Builthe responsibility of the permoartment that the work is react f the construction material at ion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>upproved plans shall<br>lding Official.<br>nitee to obtain the ready<br>for inspection may                                                                                                                                                      | Applicant<br><b>NT</b><br>struction authorize<br>spended or aband<br>vork is not comple<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the<br>e in order to perfo                                             | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of                                                | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review                                                                                                                                                                            | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>o<br>Fee (65%)<br>Total<br><b>CHANICAL</b><br>ITEM                                                                                               |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti                   | Ne permit becomes null and vo nced within one year or if we year at any time after work is ne year from date of issue. York shall be done in accord offlict with other codes. The at the prior approval of the Builthe responsibility of the permoartment that the work is react f the construction material at ion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved pla<br>approved plans shall<br>lding Official.<br>hitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE C</b>                                                                                                   | Applicant<br>ANT<br>struction authorize<br>spended or abance<br>vork is not complet<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the<br>e in order to performation<br>DNLY                                  | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rm such                                     | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee                                                                                                                                                       | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU                                                                                                |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti                   | Network State Stat | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>lding Official.<br>nitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE C</b><br>RK DESCRIBED ABC                                                                             | Applicant<br>ANT<br>struction authorize<br>spended or abance<br>vork is not complet<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the<br>e in order to performation<br>DNLY                                  | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air He                                                                                                                                      | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater                                                                                       |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti                   | Network Statement Network Stat | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>lding Official.<br>nitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE C</b><br>RK DESCRIBED ABC                                                                             | Applicant<br>Applicant<br>struction authorize<br>spended or aband<br>york is not complet<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the<br>e in order to perform<br>DVE IN ACCORD                         | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air He<br>Floor-Wall He<br>Boiler or Hea<br>Air conditione                                                                                  | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>vrinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler                                                           |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti                   | Network States S | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>pproved plans shall<br>lding Official.<br>nitee to obtain the re-<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE C</b><br>RK DESCRIBED ABC<br>CATIONS.                                                                   | Applicant<br>ANT<br>struction authorize<br>spended or aband<br>vork is not comple<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the<br>e in order to perfor<br>DNLY<br>DVE IN ACCORD<br>See Attached         | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br><b>MEC</b><br>Permit Fee<br>Forced Air He<br>Boiler or Hea<br>Air conditione<br>Ventilation St                                                                          | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump                                                                             |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti                   | Network Statement Network Stat | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>pproved plans shall<br>lding Official.<br>nitee to obtain the re-<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE C</b><br>RK DESCRIBED ABC<br>CATIONS.                                                                   | Applicant<br>Applicant<br>struction authorize<br>spended or aband<br>york is not complet<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the<br>e in order to perform<br>DVE IN ACCORD                         | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air He<br>Floor-Wall He<br>Boiler or Hea<br>Air conditione<br>Ventilation Sy<br>Wood Stove                                                  | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>vrinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler                                                           |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti                   | Nemotion         permit becomes null and vonced within one year or if we year at any time after work is ne year from date of issue.         york shall be done in according the prior approval of the Built the prior approval of the Built the responsibility of the permoartment that the work is read of the construction material at ion.         FOI         T IS APPROVED FOR WOR WOR DVED PLANS AND SPECIFIC Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>liding Official.<br>nitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE O</b><br>RK DESCRIBED ABO<br>CATIONS.                                                                | Applicant INT Struction authorize spended or abance vork is not comple ans except where not be changed of quired inspections y necessitate the e in order to perfo DNLY DVE IN ACCORD Building Official                                        | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air He<br>Floor-Wall He<br>Boiler or Hea<br>Air conditione<br>Ventilation Sy<br>Wood Stove<br>Gas Piping                                    | UMBING<br>ITEM<br>ITEM<br>I-Urinal<br>n<br>her-Diswasher<br>rinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>ear-Unit Cooler<br>ys-Exhaust Hood                               |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti<br>PERMI<br>APPRC | Network States and Sta | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>pproved plans shall<br>lding Official.<br>nitee to obtain the re-<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE C</b><br>RK DESCRIBED ABC<br>CATIONS.                                                                   | Applicant<br>ANT<br>struction authorize<br>spended or aband<br>vork is not comple<br>ans except where<br>not be changed of<br>quired inspections<br>y necessitate the<br>e in order to perfor<br>DNLY<br>DVE IN ACCORD<br>See Attached         | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Wass<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air Hee<br>Forced Air Hee<br>Foor-Wall He<br>Boiler or Hea<br>Air conditione<br>Ventilation St<br>Wood Stove<br>Gas Piping<br>Water Heater | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler<br>ys-Exhaust Hood                                        |         |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti<br>PERMI<br>APPRC | Nemotion         permit becomes null and vonced within one year or if we year at any time after work is ne year from date of issue.         york shall be done in according the prior approval of the Built the prior approval of the Built the responsibility of the permoartment that the work is read of the construction material at ion.         FOI         T IS APPROVED FOR WOR WOR DVED PLANS AND SPECIFIC Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>liding Official.<br>nitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE O</b><br>RK DESCRIBED ABO<br>CATIONS.                                                                | Applicant INT Struction authorize spended or abance vork is not comple ans except where not be changed of quired inspections y necessitate the e in order to perfo DNLY DVE IN ACCORD Building Official                                        | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air He<br>Floor-Wall He<br>Boiler or Hea<br>Air conditione<br>Ventilation Sy<br>Wood Stove<br>Gas Piping                                    | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler<br>ys-Exhaust Hood<br>r-Floor Drain<br>Fee (25%)          | FEE     |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti<br>PERMI<br>APPRC | Nemotion         permit becomes null and vonced within one year or if we year at any time after work is ne year from date of issue.         york shall be done in according the prior approval of the Built the prior approval of the Built the responsibility of the permoartment that the work is read of the construction material at ion.         FOI         T IS APPROVED FOR WOR WOR DVED PLANS AND SPECIFIC Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>liding Official.<br>nitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE O</b><br>RK DESCRIBED ABO<br>CATIONS.                                                                | Applicant INT Struction authorize spended or abance vork is not comple ans except where not be changed of quired inspections y necessitate the e in order to perfo DNLY DVE IN ACCORD Building Official                                        | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Wass<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air Hee<br>Forced Air Hee<br>Foor-Wall He<br>Boiler or Hea<br>Air conditione<br>Ventilation St<br>Wood Stove<br>Gas Piping<br>Water Heater | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>orinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler<br>ys-Exhaust Hood                                        | FEE     |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti                   | Nemotion         permit becomes null and vonced within one year or if we year at any time after work is ne year from date of issue.         york shall be done in according the prior approval of the Built the prior approval of the Built the responsibility of the permoartment that the work is read of the construction material at ion.         FOI         T IS APPROVED FOR WOR WOR DVED PLANS AND SPECIFIC Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>liding Official.<br>nitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE O</b><br>RK DESCRIBED ABO<br>CATIONS.                                                                | Applicant INT Struction authorize spended or abance vork is not comple ans except where not be changed of quired inspections y necessitate the e in order to perfo DNLY DVE IN ACCORD Building Official                                        | loned<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rrm such                                    | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br><b>MEC</b><br>Permit Fee<br>Forced Air He<br>Boiler or Hea<br>Air conditione<br>Ventilation S<br>Wood Stove<br>Gas Piping<br>Water Heatel<br>Plan Review                | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>rrinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler<br>ys-Exhaust Hood<br>r-Floor Drain<br>Fee (25%)<br>Total | FEE     |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti<br>PERMI<br>APPRC | Nemotion         permit becomes null and vonced within one year or if work year at any time after work is ne year from date of issue.         york shall be done in accord on the shall be done in accord on the shall be done in accord on the prior approval of the Built the responsibility of the permovartment that the work is react for the construction material at the construction material at the term that the work is react for the construction material at the term that the work is react for the construction material at the term that the work is react for the construction material at the term that the work is react for the construction the term that the work is the construction that the term that the term that the term that the term that the work is react for the construction that the term that the term that the work is react for the construction that the term that term that the term that term term that term that term term that term term that term term term term term term term ter                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>pproved plans shall<br>lding Official.<br>nitee to obtain the re-<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE C</b><br><b>R INTERNAL USE C</b><br><b>R INTERNAL USE C</b><br><b>R INTERNAL USE C</b><br><b>Amount</b> | Applicant  Applicant  Ant  Struction authorize  spended or abance vork is not comple ans except where not be changed of quired inspections y necessitate the e in order to perfo  DVE IN ACCORD  DVE IN ACCORD  Building Official  Receipt No. | loned<br>eted<br>e such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rm such<br>WITH THE<br>d Conditions | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Wass<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air Hee<br>Forced Air Hee<br>Foor-Wall He<br>Boiler or Hea<br>Air conditione<br>Ventilation St<br>Wood Stove<br>Gas Piping<br>Water Heater | UMBING<br>ITEM<br>-Urinal<br>n<br>her-Diswasher<br>rrinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler<br>ys-Exhaust Hood<br>r-Floor Drain<br>Fee (25%)<br>Total | FEE     |
| This<br>comme<br>for one<br>within o<br>All w<br>is in col<br>without<br>It is<br>this dep<br>some o<br>inpsecti<br>PERMI<br>APPRC | Nemotion         permit becomes null and vonced within one year or if work year at any time after work is ne year from date of issue.         york shall be done in accord on the shall be done in accord on the shall be done in accord on the prior approval of the Built the responsibility of the permovartment that the work is react for the construction material at the construction material at the term that the work is react for the construction material at the term that the work is react for the construction material at the term that the work is react for the construction material at the term that the work is react for the construction the term that the work is the construction that the term that the term that the term that the term that the work is react for the construction that the term that the term that the work is react for the construction that the term that term that the term that term term that term that term term that term term that term term term term term term term ter                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTICE TO APPLICA<br>id if the work or cons<br>ork constuction is sus<br>s commenced or if w<br>with the approved plans<br>approved plans shall<br>liding Official.<br>nitee to obtain the read<br>dy for inspection may<br>t the owners expense<br><b>R INTERNAL USE O</b><br>RK DESCRIBED ABO<br>CATIONS.                                                                | Applicant  Applicant  Ant  Struction authorize  spended or abance vork is not comple ans except where not be changed of quired inspections y necessitate the e in order to perfo  DVE IN ACCORD  DVE IN ACCORD  Building Official  Receipt No. | loned<br>eted<br>such approval<br>or modified<br>s. Failure to notify<br>removal of<br>rm such<br>WITH THE<br>d Conditions   | NO.      | Permit Fee<br>Water Closet<br>Sink-Fountain<br>Tub-Shower<br>Clothes Was<br>Lawn/Fire Sp<br>Pool-Hot Tub<br>Plan Review<br>MEC<br>Permit Fee<br>Forced Air He<br>Boiler or Hea<br>Air conditione<br>Ventilation S<br>Wood Stove<br>Gas Piping<br>Water Heatel<br>Plan Review                       | UMBING<br>ITEM<br>-Urinal<br>her-Diswasher<br>rinkler<br>Fee (65%)<br>Total<br>CHANICAL<br>ITEM<br>eat BTU<br>eater<br>t Pump<br>er-Unit Cooler<br>ys-Exhaust Hood<br>r-Floor Drain<br>Fee (25%)<br>Total       | FEE     |

# **CITY OF RAINIER**

102 Rochester St W | PO Box 258 | Rainier, WA 98576 P: (360) 446-2265 | F: (360) 446-2720 | cityofrainierwa.org

### **BUILDING INSPECTION RECORD**

24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS

Email rainier.inspections21@gmail.com to schedule

JOB ADDRESS:

BUILDING PERMIT # \_\_\_\_\_

DATE\_\_\_\_\_

| INSPECTION<br>REQUIRED | INSPECTION       | DATE | INSPECTOR<br>INITIALS |
|------------------------|------------------|------|-----------------------|
|                        | SETBACK          |      |                       |
|                        | FOOTING          |      |                       |
|                        | FOUNDATION       |      |                       |
|                        | FOUNDATION DRAIN |      |                       |
|                        |                  |      |                       |

| UNDER GROUND PLUMBING                                   |  |
|---------------------------------------------------------|--|
| UNDERFLOOR                                              |  |
| ROUGH PLUMBING                                          |  |
| ROUGH GAS                                               |  |
| ROUGH MECHANICAL                                        |  |
| ROUGH ELECTRICAL (VERIFICATION OF STATE L & I SIGN OFF) |  |
| SHEAR NAILING                                           |  |

ABOVE MUST BE SIGNED PRIOR TO FRAMING INSPECTION OR COMBO INSPECTION

FRAMING

| INSULATION            |  |
|-----------------------|--|
| DRYWALL               |  |
| SEPTIC                |  |
| ROOFING               |  |
| WATER SERVICE         |  |
| SCHOOL MITIGATION FEE |  |

| FINAL INSPECTIONS               |  |  |  |
|---------------------------------|--|--|--|
| FINAL PLUMBING                  |  |  |  |
| FINAL MECHANICAL                |  |  |  |
| FIRE DEPARTMENT                 |  |  |  |
| THURSTON COUNTY SEPTIC APPROVAL |  |  |  |
| BUILDING                        |  |  |  |
| CERTIFICATE OF OCCUPANCY        |  |  |  |

#### NOTE:

This card must be posted on the construction site in a visible location and protected from the weather. Loss and replacement will incur a fee. Labor and Industries perform electrical inspections. Please contact them directly for inspections. Do not occupy this structure until all final inspections are complete and approved. If the Certificate of Occupancy box is checked a certificate will be provided. You should keep this card as a permanent record.