



# City of Toppenish

"Where the West Still Lives"

21 West First Avenue  
 Toppenish, WA 98948  
 Phone (509) 865-7318  
 www.cityoftoppenish.us

## Building Permit Application

<b>Job Address:</b>		<b>Parcel Number:</b>	
<b>Permit Type:</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<b>Type of Work:</b>	<input type="checkbox"/> New <input type="checkbox"/> Alteration/ Addition <input type="checkbox"/> Repair
<b>Use of Structure:</b>		<b>Square Foot of Structure(s):</b>	
<b>Check all that apply:</b>		<b>Description of Work:</b>	
<input type="checkbox"/> Single Family Home <input type="checkbox"/> Carport/Patio cover <input type="checkbox"/> Duplex <input type="checkbox"/> Demolition <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial Building <input type="checkbox"/> Manufactured Home <input type="checkbox"/> School <input type="checkbox"/> Accessory Building <input type="checkbox"/> Church <input type="checkbox"/> Detached Garage                              Other: _____		<b>Reroof: Check all that apply:</b> <input type="checkbox"/> Residential <input type="checkbox"/> New Sheathing <input type="checkbox"/> Commercial <input type="checkbox"/> Torch Down / Hot Tar <input type="checkbox"/> Tear Off	

<b>Owner:</b>		<b>Day Phone:</b>		
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-Mail:</b>		<b>Cell Phone:</b>		
<b>Contractor:</b>		<b>Day Phone:</b>		
<b>Contact:</b>				
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contractor License No.:</b>		<b>Expiration Date:</b>		
<b>E-Mail:</b>		<b>Cell Phone:</b>		
<b>Authorized Agent:</b>	<input type="checkbox"/> Same as Owner	<b>Day Phone:</b>		
<b>Mailing Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact:</b>				
<b>Professional License No.:</b>		<b>Expiration Date:</b>		
<b>E-Mail:</b>		<b>Cell Phone:</b>		

**IMPORTANT:** All contractors and subcontractors must have a current City of Toppenish Business License.

**This Section to be Completed Only for Construction Permits**

Pursuant to RCW 19.27.095 (2)(i-ii) The requirements for a fully completed construction application must include:

i. The name, address, and phone number of the office of the lender administering the interim construction financing, if any:  
**OR**

ii. The name, address and phone number of the firm that has issued a payment bond, if any, on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project.

If for any reason the information requested below is not available must provide the information as soon as it can be reasonably obtained.

<b>Lending Agency Name:</b>		<b>Phone:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<input type="checkbox"/> I acknowledge by checking this box that this project has no lending agency for construction financing.			
<b>Bonding Agency Name:</b>		<b>Phone:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<input type="checkbox"/> I acknowledge by checking this box that this project has no bonding agency.			

**If you own the property and you are doing the work yourself or acting as your own contractor, you must complete the following declaration:**

I am the owner of the property subject to this application. I am applying for a construction permit from the City of Toppenish. All work will be performed by me or members of my immediate family. I am not a licensed general or specialty contractor. As the owner of this property I wish to be exempt from the provisions of RCW 18.27 in accordance with the exceptions allowed by RCW 18.27.090. I will abide by all provisions and conditions of the exemption as stated. I understand that this exemption is not applicable if I am performing this work for the purpose of selling, demolishing, or leasing the property.

I understand that in the event work is performed by an individual or firm that is not a registered contractor in the state of Washington:

1. I am exposed to liability in the event of an accident or other unforeseen circumstance; and
2. My construction permit from the City of Toppenish is subject to forfeiture.

I (*print name*) \_\_\_\_\_ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby acknowledge that I have read this application and certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge. I agree to comply with all current codes, laws, regulations and permit requirements related to this project. I hereby grant to the City of Toppenish a right to enter onto the premises as described for this permit application to make such inspections and tests as may be required.

\_\_\_\_\_  
Signature of Owner, Contractor or Authorized Agent

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