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

SITE ADDRESS_____
Lot ____ Block ____ Subdivision_____
OWNER_____
Address_____
_____
Phone_____
Single Family/Duplex ☐ Multi-Family ☐ Commercial ☐
Group ☐ Industrial ☐ WSU ☐
PROJECT CONTACT_____
Phone _____
Address_____
_____
Email _____
Send Correspondence By: Email ☐ Mail ☐

CONTRACTOR_____
Address_____
_____
Phone_____
Email _____
License No._____

ARCHITECT _____
Phone _____

ENGINEER_____
Phone _____

DESCRIPTION OF WORK_____
_____
_____
_____

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

Signature of Owner / Authorized Agent_____ Date_____

Printed Name_____

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

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

VALUATION OF WORK $_____

CONDITIONS OF APPROVAL:
_____
_____
_____

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

OTHER REQUIREMENTS:

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

PLEASE CALL (509) 338-3220 FOR ALL INSPECTIONS
(Requests made after 9:00AM will be scheduled for the next working day)

FEE BREAKDOWN:

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

License Verified ☐_____ Waiver ☐_____

TOTAL FEE $_____ RECEIPT NUMBER_____ DATE OF ISSUE_____

Approved by:_____ *for Kevin Gardes* _____
Building Official Date