



Building Department
207 W. 2nd St., Grandview, WA 98930
Ph. (509) 882-9225 Fax (509) 882-9232

PLEASE READ THE FOLLOWING LIST CAREFULLY AND PROVIDE ALL REQUIRED MATERIAL WITH YOU APPLICATION. TWO (2) FULL SETS OF PLANS, TWO (2) SITE PLANS THAT INCLUDE CURB TO PROPERTY LINE DISTANCES.

Project Address: _____ **Parcel No.** _____

Are there any restrictive covenants pertaining to this property? Yes No

If yes, has the review committee approved the plans? Yes No

Type of Work: _____

Owner/Builder Name

Contractor Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Owner's Phone No.

Contractor's Phone No.

Bid for Project/Calculated Valuation

Contractor's License No.

Building Use

Expiration Date

Building Dimensions:

Main Floor: _____ Upper Floor: _____ Garage _____

Basement: _____ Decks: _____ Other: _____

Type of Heat to be installed:

Natural Gas Electric Propane Other – Please explain _____

BTU _____ Tonnage/KW _____ Model _____ SHPF Rating _____

(OVER)

R Values of Insulation to be Installed: _____

U-Values of Doors and Windows: _____

Plumbing Fixtures to be Installed:

(Indicate total number of each fixture that will be installed under this permit)

Toilet	<input type="text"/> <input type="text"/> <input type="text"/>	Bath Tub	<input type="text"/> <input type="text"/> <input type="text"/>	Shower	<input type="text"/> <input type="text"/> <input type="text"/>
Kitchen Sink		Dishwasher		Clothes Washer	
Floor Drain		Laundry Tray		Water Heater	
Wash Basin	<input type="text"/> <input type="text"/> <input type="text"/>				
Hose Bibs					
Other		Please Specify _____			

Mechanical Fixtures to be Installed:

(Indicate total number of each fixture that will be installed under this permit)

Heater/ Furnace	<input type="text"/> <input type="text"/>	A/C Unit	<input type="text"/> <input type="text"/>	Ventilation Fan/ System	<input type="text"/> <input type="text"/>
Range Hood		Clothes Dryer		Gas Piping	
Other	<input type="text"/>	Please Specify _____			

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION TO KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE OF OWNER/AUTHORIZED AGENT

DATE