

Community Development Department City of Oroville, Washington Permit Application Form

USE BLACK OR BLUE INK TO ENTER ANSWERS IN THE WHITE SPACES BELOW.

AGENCY USE ONLY
Date received: _____
Agency reference #: _____

Part 1—Project Identification

1a. Project Name (Not required; a name for your project that you create. Examples: Smith’s House or North Addition)
1b. Type of Permit Sought: <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire <input type="checkbox"/> Sign <input type="checkbox"/> Grading <input type="checkbox"/> Other
1c. Prior approvals; please list all relevant permits and/or approvals and the issuing agency:

Part 2—Applicant

The person and/or organization responsible for coordinating project review and permit issuance.

2a. Name (If applicable)			
2b. Organization (If applicable)			
2c. Mailing Address (Street or PO Box)			
2d. City, State, Zip			
2e. Primary Contact Phone (1)	2f. Phone (2)	2g. Fax	2h. E-mail
()	()	()	

Part 3—Permit Holder

This name will appear as the Permit Holder on the face of the permit; the person and/or organization who has primary responsibility for project inspections.

Same as applicant. (Skip to Part 4.)

3a. Name (If applicable)			
3b. Organization (If applicable)			
3c. Mailing Address (Street or PO Box)			
3d. City, State, Zip			
3e. Primary Contact Phone (1)	3f. Phone (2)	3g. Fax	3h. E-mail
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Part 4–Property Owner(s)

Contact information for person(s) or organization owning the property on which the project will occur.

Same as applicant. (Skip to Part 5.)

4a. Name of Record Owner			
4b. Organization (If applicable)			
4c. Mailing Address (Street or PO Box)			
4d. City, State, Zip			
4e. Primary Contact Phone (1)	4f. Phone (2)	4g. Fax	4h. E-mail
()	()	()	

Part 5–Prime Contractor Information

Check if owner. (The Owner will be required to sign a declaration on the face of the permit acknowledging WA L&I’s restrictions)

Contact information for the individual or firm who will primarily organizing and/or performing the work under the permit sought.

5a. Name of the Firm:			
5b. Name of Contact Individual:			
5c. WA Contractor’s Registration Number of the Firm:			
5d. Mailing Address (Street or PO Box)			
5e. City, State, Zip			
5f. Primary Contact Phone (1)	5g. Phone (2)	5h. Fax	5i. E-mail
()	()	()	

Part 6–Design Professional in Responsible Charge

Contact information for the individual who is responsible for the preparation and organization of all the construction documents and plans, including those prepared by others. Several types of projects do require this person to be a registered architect or engineer or hold a certificate of competency.

6a. Name of the Individual:			
6b. Name of Firm:			
6c. WA Registration Number:			
6d. Mailing Address (Street or PO Box)			
6e. City, State, Zip			
6f. Primary Contact Phone (1)	6g. Phone (2)	6h. Fax	6i. E-mail
()	()	()	

6j. Will there be differed documents submittals? Yes No; if yes, list a description below and include estimated submittal date and/or phase of project.

6k. Will the work require special inspection? Yes No; if yes, list a description and the proposed firm/individual. For all non-WABO listed firms/individuals attach credentials.

Part 7–Project Location

Identifying information about the property where the project will occur.

7a. Street Address (Cannot be a PO Box. If there is no address, provide a description of the location.)

7b. Assessor’s Tax Parcel No. (a 10-digit number assigned by the County Assessor’s Office)

7c. Property Description (abbreviated is acceptable): Deed with Legal Description is attached.

7d. Property Size:

7e. Is any part of the property subject to an easement or deed restriction?

Yes No Don’t know; If yes, show on site plan and provide description. If don’t know, seek assistance

7f. Does the property hold an appurtenance easement/deed restriction on an adjoining property?

Yes No Don’t know; If yes, show on site plan and provide description. If don’t know, seek assistance

Part 8–Project Location Designations & Existing Conditions

Identifying designations and existing conditions about the property where the project will occur.

8a. State the zoning district and overlay designation (if applicable) of the project location.

8b. List all water-bodies on or adjacent to or within 200’ of the project location.

_____ Yes No Don’t know; If yes, show location and distances on site plan and attach a completed JARPA Form. If don’t know, seek assistance

8c. Is any part of the project area within 300’ of a critical area? NOTE: All parts of the city are within the aquifer recharge area; all work is subject to the provision of the Eastern Washington Storm-water Manual.

Critical Areas 100-year floodplain? Yes No Don’t know; if yes, show on site plan. If don’t know, seek assistance

Wetland? Yes No Don’t know; if yes, show on site plan, if don’t know, seek assistance

Steep Slope (greater than 30%)? Yes No Don’t know; if yes, show on site plan, if don’t know, seek assistance

Yes No Don’t know; if yes, show on site plan and attach a complete JARPA Form, if don’t know, seek assistance

8d. Briefly describe how the property is currently used (list all uses and activities), this should also be shown on site plan.

8e. If applicable and part of the project, describe how the existing structure or building is currently used.

8f. Is there any existing fill on the project site or property?

Yes No Don’t know; if yes, describe here and show on site plan, if don’t know, seek assistance.

9b. Describe the purpose of the project and the intended use of the finished work.				
9c. Describe the size, number of stories and height of the finished structure.				
9d. State the proposed setbacks from the property lines of the finished structure:	Front:	Rear:	Side:	Side
9e. Describe the size and scope of the total area of ground that will be disturbed in the conduction of the project. Show on site plan and include finished proposed impervious surfaces, semi-pervious surfaces and pervious surfaces together with area calculations.				
9f. State the proposed setbacks from the property lines of the disturbed area:	Front:	Rear:	Side:	Side:
9g. For all excavating or grading activities identified in 8e, describe the type and amount of material you will remove, and where the material will be disposed.				
9h. For all excavating or grading activities identified in 8e, describe the extent that drainages will be effected and method(s) of controlling erosion.				
9i. Indicate the project use category. (Check all that apply)				
<input type="checkbox"/> Commercial Service/Heavy <input type="checkbox"/> Commercial Retail <input type="checkbox"/> Commercial Office <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-family Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Transportation <input type="checkbox"/> Recreational <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> Accessory <input type="checkbox"/> Other: _____				
9j. Indicate the project work category. (Check all that apply)				
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel/Alteration <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Demolition <input type="checkbox"/> Maintenance/Repair <input type="checkbox"/> Earthwork/Grading <input type="checkbox"/> Other: _____				
9k. If applicable, state the proposed type of construction, occupancy classification and occupant load(s).				
9l. If applicable, state the fire flow requirements of the proposed building and the distance to the closest dedicated fire hydrant(s) providing adequate water for fire-fighting purposes.				
9m. Will the project require changes to city services and/or right-of-ways?				
Services	Potable Water Service - <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, attach Water Service Application			
	Fire Suppression Water Service - <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, attach Water Service Application			
	Sewer - <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, attach Sewer Service Application			
	Storm-water - <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, show on site plan and attach Right-of-way Entry Application			
	Street Access - <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, show on site plan, attach Right-of-way Entry Application, if right-of-way is part of the State Highway System also attach a Highway Access Management Application.			
Will any work be performed in/over/under a right-of-way <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, show on site plan and attach Right-of-Way Entry Application.				
9n. Will the project require any temporary buildings or structures? NOTE: After primary permit issuance; permits for temporary buildings and structures require a new application.				
<input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, describe and show on site plan: _____				
9o. What are the anticipated start and end dates for project construction? (Month/Year) If the project will be constructed in phases or stages, please list the start and end dates of each phase or stage.				
Start date: _____ End date: _____ <input type="checkbox"/> See Attachment				
9p. Please provide an estimated fair market value of the project, including materials, labor, machine rentals, etc.				

