



## CITY OF SELAH

Planning Department • 222 South Rushmore RD. • Selah, WA 98942 • Ph: (509) 698-7365 • [www.selahwa.gov](http://www.selahwa.gov)  
*All final Certificates of Occupancy are subject to final building inspection. Please call to schedule inspections.*

OFFICIAL USE ONLY:

PERMIT#

Site Address:	<b>APPLICANT SECTION</b>
Parcel#:	Name:
Property Owner Name:	Address:
Property Owner Phone:	City/State/Zip:
Address:	Phone:
	Project Valuation:

Project Description (Use back or attach pages for more room):

**PERMIT TYPE**

- |  |   |
|--|---|
| <input type="checkbox"/> New Building, Residential<br><input type="checkbox"/> Remodel/Addition (Residential ONLY)<br><input type="checkbox"/> New Commercial – <b>Including REMODEL or Improvements</b><br><input type="checkbox"/> Re-Roof _____ SQ. FT.<br><input type="checkbox"/> New Patio/Deck<br><input type="checkbox"/> Re-Siding<br><input type="checkbox"/> OTHER _____<br><input type="checkbox"/> Sign | <input type="checkbox"/> W/S Hookup O.U.A. _____<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> U.G. Sprinklers<br><input type="checkbox"/> Fire/ Sprinkler System<br><input type="checkbox"/> Mechanical<br><input type="checkbox"/> Furnace/ AC<br><input type="checkbox"/> Excavation/ Grading<br><input type="checkbox"/> Clearing or Grading:    Yes                          No<br>Volume in Cubic Yards: _____ |
|--|---|

**BUILDING SPECS**

Zone:	SQ FT. Total:
Lot Size:	# of Stories:
# of Bathrooms:	# of Bedrooms:
Garage:	Basement:

**SETBACKS**

Front:	Back:
Side:	Side:

**CONTRACTOR SECTION**

Name:	
Contr. Lic#:	Exp:
Address:	City/State/Zip:
Phone:	Email:

**Pursuant to RCW 19.27.095 (2) (i-ii):**  
 (i) The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or  
 (ii) The name and address 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 fifty percent of the total amount of the construction project.

**Lending Institutions:**

Address:	City/State/Zip:
Email:	Phone:

I hereby certify under penalty of perjury under the laws of the State of Washington that I have read this application and know that the information provided herein is true and complete to the best of my knowledge. **I agree to comply with all current building codes, laws, regulations and permit requirements related to this project.** I additionally certify that I am the owner of the subject property, or, that I have been given express permission by the owner to submit this application for permit. I agree and grant The City of Selah Building Code Enforcement and Planning Department officials and agents the right to enter the premises as described for this permit application, for the purpose of making inspections and tests as may be required. All permit fees are non-refundable and expire within (180) one hundred and eighty days of issuance.

Owner/ Applicant

Date

Planning Department Official

Date