CITY OF SELAH
PERMIT APPLICATION FORM
698-7365 or 698-7369

Application to be filled out in full for proper consideration

Job Address: _____ **Parcel No:**_____

Valuation $_____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Mailing address: _____ City _____ State _____ Zip _____

Use Zone _____ Set Backs: N_____ E_____ S _____ W_____

General Contractor: _____ Phone No: _____
St. License No: _____ Exp Date: _____/_____/_____
Address: _____ City _____ State _____ Zip _____

Plumbing Contractor: _____ Phone No: _____
Address: _____ City _____ State _____ Zip _____

Mechanical Contractor: _____ Phone No: _____
Address: _____ City _____ State _____ Zip _____

Architect: _____ Phone No: _____
Address: _____ City _____ State _____ Zip _____

Sign Company: _____ Phone No: _____
Address: _____ City _____ State _____ Zip _____

Description of work:_____

_____

_____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The grant of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ ___/___/___ _____ ___/___/___
Signature of Contractor Date Signature of Owner (if builder) Date

Print Name _____ Application accepted by: _____

STORM WATER RETAINAGE

Storm Water Drainage will be contained on the site through the following method:

_____ Through the use of gutters draining into a dry well filled with drain rock.

_____ Through the natural absorption of the grass area.

_____ Through the use of gutters draining to the grass area.

_____ Other (Please describe): _____

_____

_____

Owner: _____

Contractor: _____

Address:_____

Parcel No.: _____

Date: _____

SCALE: 1" =

CITY OF SELAH

PLOT PLAN

ZONE: _____

Minimum Setback Requirements:

Front _____

Side _____

Rear _____

REQUIRED BEFORE BUILDING PERMIT WILL BE ISSUED

BUILDING PERMIT NUMBER _____

PARCEL NUMBER _____ ACREAGE _____

SIGNATURE OF APPLICANT _____

DATE _____