



**CITY OF HOQUIAM**  
 Building & Planning Department  
 609 8th Street  
 Hoquiam WA 98550

**PERMIT APPLICATION**

DESCRIPTION OF WORK			
TYPE of WORK		SCOPE of WORK	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical* <input type="checkbox"/> Gas <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other _____  <small>* Electrical permitting and inspections are administered by the Washington State Department of Labor &amp; Industries. 415 W. Wishkah Suite 1-B (360) 533-8200</small>		<input type="checkbox"/> New Construction <input type="checkbox"/> Enlargement <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use or Occupancy <input type="checkbox"/> Other _____	
Provide a brief narrative description of the work covered by this permit application:			
<hr/> <hr/> <hr/>			
LAND DESCRIPTION			
Parcel Number	Situs		Legal Description
	Street Address*	Street Name	
<small>* If an address has not previously been assigned to the property or this application is for a new structure on a previously developed site leave blank and the Building Official will assign a new street address to the property.</small>			
ZONING DESIGNATION			
<input type="checkbox"/> R-1 Single Family Residential <input type="checkbox"/> R-2 General Residential		<input type="checkbox"/> C-1 Community Business <input type="checkbox"/> C-2 General Commercial	<input type="checkbox"/> I Industrial
USE and OCCUPANCY			
<input type="checkbox"/> Assembly	<input type="checkbox"/> Educational	<input type="checkbox"/> High Hazard	<input type="checkbox"/> Duplex or Multi-Family
<input type="checkbox"/> Business	<input type="checkbox"/> Factory or Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Single Family Residence
			<input type="checkbox"/> Storage <input type="checkbox"/> Utility
SEPA (State Environmental Policy Act) EXEMPT			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
			SEPA Case# _____
SUBMITTAL DOCUMENTS			
<input type="checkbox"/> Construction Drawings <input type="checkbox"/> Development Drawings <input type="checkbox"/> Schematic Drawings		<input type="checkbox"/> Written Scope of Work <input type="checkbox"/> Verbal Scope of Work <input type="checkbox"/> Manufacturers Literature	<input type="checkbox"/> Site Plan <input type="checkbox"/> Other
<p><b>Submittal documents.</b> Construction drawings, special inspection and structural observation programs, and other data shall be submitted in two or more sets with each application for a permit.</p> <p><b>Required information on construction drawings.</b> Construction drawings shall be dimensioned and drawn upon suitable material. Construction drawings shall be of sufficient clarity to indicate the location, nature and extent of the proposed work and show in detail that it will conform to the provisions of this code and relevant laws, ordinances, rules and regulations, as determined by the Building Official.</p>			



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<b>VALUATION</b>
<b>Building permit valuations.</b> The applicant shall provide an estimated valuation of the work at time of application. Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued. <b>If in the case that the total value of work exceeds 50% of the market value of the structure, then the structure shall be modified to be in compliance with the 2006 IRC Section 324 Flood-resistant construction and Chapter 11 of the Hoquiam Municipal Code</b> (Codes are available at the Building Department upon request). If, in the opinion of the Building Official, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Building Official. Final building permit valuation shall be set by the Building Official.
Estimated total value of work: \$ _____ (do not include gas, mechanical, plumbing or demolition)

<b>PROPERTY OWNER</b>
_____ Name:
_____ Mailing Address
_____ City
_____ State
_____ Zip
_____ Phone
_____ Phone
_____ Fax
_____ Signature
_____ Date

<b>CONTRACTOR</b>
_____ Company Name:
_____ Contractor License Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Hoquiam Business License
_____ Mailing Address
_____ City
_____ State
_____ Zip
_____ Phone
_____ Phone
_____ Fax
_____ Signature
_____ Date

<b>AGENT OR REPRESENTATIVE (If other than PROPERTY OWNER)</b>
_____ Name:
_____ Mailing Address
_____ City
_____ State
_____ Zip
_____ Phone
_____ Phone
_____ Fax
_____ Signature
_____ Date