



CITY OF  
**UNION GAP**  
1883

## Building Permit Application

City of Union Gap Community Development  
102 W Ahtanum RD  
Union Gap, WA 98903  
Phone: 509.575.3638

### PROJECT INFORMATION:

#### Building Info:

- Single-Family New     Single-Family Alteration     Single-Family Addition  
 Multi-Family New     Multi-Family Alteration     Multifamily Addition  
 Commercial New     Commercial Addition     Commercial Tenant Improvement

Site Address:

Parcel Number:

Zoning:  R-1    R-2    R-3    R-4    C-1    C-2    CBD    W/W    L-I

Will 1 acre or more be cleared or graded?  yes  no    Temporary Const. Trailer?  yes  no

Is the property within the flood area?  yes  no    Change of Occupancy?  yes  no

Description:

Fire Sprinklers:  yes  no    City Water:  existing  new    City Sewer:  existing  new  
 Fire Alarm:  yes  no    Private Well:  existing  new    Septic Sys:  existing  new

Total Square Footage:			Construction Type (s):		
Estimated Cost of Construction:			Occupancy Class:		
<b>PROPERTY OWNER:</b>					
Property Owner Name:			Phone:		
Address:			Mobile:		
City:	State:	Zip:	Fax:		
Signature:			Email:		
<b>APPLICANT:</b> <input type="checkbox"/> (check box if applicant is the same as property owner)					
Applicant Name:			Phone:		
Address:			Mobile:		
City:	State:	Zip:	Fax:		
Signature:			Email:		

**CONTRACTOR:**

Contractor Name:			Phone:
Address:			Mobile:
City:	State:	Zip:	Fax:
License Number:			Email:
Signature:			

**DESIGN PROFESSIONAL:**

Design Professional Name:			Phone:
Address:			Mobile:
City:	State:	Zip:	Fax:
Signature:			Email:

**This Section to Be Completed for Construction Permits Only**

Pursuant to RCW 19.27.095 (2)(i-ii). The requirements for a fully completed construction application shall include.

1. The name, address, and phone number of the office of the lender administering the interim construction financing, if any; or
2. 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 50% of the total amount of the construction project.

If for any reason the information requested below is not available at the time of the application, the applicant shall provide the information as soon as it can be reasonably obtained.

Lending Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I acknowledge by checking this box that this project has no bonding agency.

**If you are the Owner and Acting As your Own Contractor, please complete the following declaration:**

I acknowledge that I am applying for a construction permit thru the Union Gap Community Development Department.

I also acknowledge that I am not a licensed contractor, specialty or general, or that I am not acting as a contractor and wish to be exempt from the requirements of the Washington State Contractor's Act, per RCW 18.27.090, and will abide by all provisions and conditions of the exemption as stated. I agree that if I use the assistance of any person(s) to provide labor and/or assistance, I will retain only contractors registered and currently licensed as required under the laws of the State of Washington.

I (print name) \_\_\_\_\_ certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_