

CITY OF PULLMAN BUILDING DIVISION PERMIT
325 SE PARADISE STREET, PULLMAN, WA 99163

SITE ADDRESS _____

Lot _____ Block _____ Subdivision _____

OWNER _____

Address _____

Phone _____

CONTRACTOR _____

Address _____

Phone _____

License No. _____

PROJECT CONTACT _____

Phone _____

DESCRIPTION OF WORK _____

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THIS PERMIT. ALL LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. GRANTING THIS PERMIT DOES NOT GIVE AUTHORITY TO VIOLATE OR CANCEL ANY STATE OR LOCAL LAW REGULATING CONSTRUCTION. I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THIS PERMIT.

Signature of Owner / Authorized Agent _____ Date _____

Printed Name _____

ARCHITECT _____

Phone _____

ENGINEER _____

Phone _____

***** Call (509)338-3220 before 9:00 a.m. to
schedule a same-day inspection. Requests received
after 9:00 a.m. will be scheduled for the next
working day.**

* * * OFFICE USE ONLY * * *

VALUATION OF WORK \$ _____

CONDITIONS OF APPROVAL:

Occupancy Group _____

Code Edition _____

Type of Constr. _____

Occupancy Load _____

Zoning _____

APPROVED BY:

Planning Dept.: _____

Building Dept.: _____

Fire Dept.: _____

Stormwater: _____

DATE OF ISSUE _____

RECEIPT NUMBER _____

TOTAL FEE \$ _____

OTHER REQUIREMENTS:

Site Plan Review Yes ☐ No ☐

Environmental Checklist Yes ☐ No ☐

Growth Management Yes ☐ No ☐

Floodplain Permit Yes ☐ No ☐

Shoreline Development Yes ☐ No ☐

Reimbursement District Yes ☐ No ☐

Conditional Use Permit Yes ☐ No ☐

Variance Yes ☐ No ☐

FEE BREAKDOWN:

Plumbing Permit: \$ _____

Mechanical Permit: \$ _____

Occupancy Change: \$ _____

Grading Permit: \$ _____

Building Permit: \$ _____

Plan Check Fee: \$ _____

Water Mtr Fee/Dep: \$ _____

Water G.F.C.: \$ _____

Sewer G.F.C.: \$ _____

Sign Permit: \$ _____

State Building Code: \$ _____

Damage Deposit: \$ _____

Demolition Permit: \$ _____

_____: \$ _____

Approved by: _____

Building Official

Date