



BUILDING DEPARTMENT
 5117 N. Winnifred Street
 Ruston, Washington 98407-6597
 Phone (253) 759-3544, Fax (253) 752-3754
www.rustonwa.org | www.codeproswa.com

CODEPROs, LLC.
 Permit Number:
 RST20-_____

BUILDING PERMIT APPLICATION

Applicant Information: _____ **Owner Information:** _____

Applicant Name: _____	Owner Name: _____
Applicant Address: _____	Owner Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____
E-mail Address: _____	E-mail Address: _____

Lender Information: _____ **Business Information:** _____

Lender's Name: _____	(If Commercial):
Lender's Address: _____	Business Name: _____
City, State, Zip _____	Business Owner Name: _____
Lender's Phone Number: _____	Business Phone Number: _____

Contractor Information: _____

Contractor Company Name: _____	Contractor Registration#: _____
Contractor Address: _____	Contractor UBI#: _____
City, State, Zip: _____	Is the Owner acting as his/her own general contractor?
Contractor Contact Name: _____	If yes, check the box: <input type="checkbox"/> and initial the following:
Phone Number: _____	I certify that I am exempt from the requirements of the State Contractor's
E-mail Address: _____	Registration Law under RCW 18.27 and WAC 296-200A. _____

Parcel/Property Information: _____

Site Address: _____	Parcel Area: _____
Parcel Number: _____	Existing Impervious Surface Area: _____
Parcel Zoning: _____	Proposed New Impervious Area: _____

Project Information: _____

Project Type: <input type="checkbox"/> Residential <input type="checkbox"/> New Dwelling <input type="checkbox"/> New Garage <input type="checkbox"/> New Deck <input type="checkbox"/> New Covered Porch <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Mechanical Only <input type="checkbox"/> Plumbing Only <input type="checkbox"/> Re-Roof <input type="checkbox"/> Fence <input type="checkbox"/> Other: _____	<input type="checkbox"/> Commercial <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Repair <input type="checkbox"/> Mechanical Only <input type="checkbox"/> Plumbing Only <input type="checkbox"/> Re-Roof <input type="checkbox"/> Sign <input type="checkbox"/> Other _____ Occupancy Type: _____ Construction Type: _____ Fire Sprinkled? Yes <input type="checkbox"/> , No <input type="checkbox"/>	Full Project Description: _____ _____ _____ Public Water Supply <input type="checkbox"/> , Private Well <input type="checkbox"/> Public Sewer <input type="checkbox"/> , or Private Septic <input type="checkbox"/> Heated? No Heat <input type="checkbox"/> , Electric <input type="checkbox"/> , Gas <input type="checkbox"/> Plumbing Included? Yes <input type="checkbox"/> , No <input type="checkbox"/> Mechanical Included? Yes <input type="checkbox"/> , No <input type="checkbox"/> Gas Included? Yes <input type="checkbox"/> , Natural <input type="checkbox"/> , LP <input type="checkbox"/>	Square Footage: Main Floor: _____ Second Floor: _____ Basement: _____ Garage: _____ Covered Porch: _____ Open Deck: _____ Other: _____
Project Valuation: _____ Required. Enter anticipated value of entire project, including all materials and labor, including your own.			Project Valuation: \$ _____

Signature: _____ **Office Use:** _____

I hereby certify that I have read and examined this application and know the same to be true and correct. I also certify that I am the owner (or owner's authorized agent) of this property and that all work shall be performed in accordance with all state and local laws regulating the project proposed by this application. I hereby authorize representatives of the City of Ruston to enter upon the property for inspection purposes. I understand that the granting of a permit does not presume to give the authority to violate or cancel provisions of any State or local law regulating construction or the performance of the construction. I understand that failure to comply with such laws or the submission of inaccurate information may result in the revocation of any permit issued pursuant to this application.

Signature of Owner
 or Authorized Agent: _____
 Printed Name: _____
 Date: _____

Permit Fees:

Building Plan Review Fee:	\$ _____
Energy Code Fee:	\$ _____
Building Permit Fee:	\$ _____
WA SBCC Surcharge:	\$ _____

Total:	\$ _____
Deposit Paid: Date: _____	\$ _____
Balance Due Upon Issuance:	\$ _____