

Grand Coulee Permit Application City of Grand Coulee
 P.O. Box 180
 Grand Coulee, WA 99133



Permit Number	_____
Site Address	_____
Parcel ID	_____
Subdivision	_____
Lot	_____
Block	_____

Description of Work:	
Owner:	Phone:
Address:	
Primary Contractor:	License #:
Address:	Phone:
Engineer of Record:	Phone:
Address:	Fax:
Sub-Contractor:	License #:
Address:	Phone:
Sub-Contractor:	License #:
Address:	Phone:

Square Footage	Proposed Use	Type of Heat	Improvements Type
Main Floor	Residential: Single Family	Gas	New Building
2nd Floor		Electric	Addition
3rd Floor	Multi Family (# Units)	Solar	Remodel/Repair
Add. Floors	Hotel, Dorm	Wood	Re-Roof
Basement	Garage		Fence
Covered Porch	Carport	Sewer	Construction Type
Decks	Patio	Public	Wood
Garage	Commercial: New Building	Private	Steel
Other			Masonry
Decks	Shell Only	Water	Demolition
	Tenant Improvement	Public	Site Plan
	Remodel/Addition	Private	State Permit
			Asbestos Permit

Project Valuation	Occupancy Group	Construction Type
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Owner/owner Rep: _____ **Date:** _____

DISCLAIMER: I certify, under penalty, that the information furnished by me is true and correct to the best of my knowledge and further that I am authorized, by the owner of the above premises, to perform the work for which the permit application is made. I further agree to hold harmless the jurisdiction and The Building Department Inc., to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim) which may be made by any person, including the undersigned, and filed against the jurisdiction and/or The Building Department Inc., where such claim arises out of the reliance of the jurisdiction and/or The Building Department Inc., including its officers and employees, upon the accuracy of the information supplied to the jurisdiction as part of this application.