



Master Permit Application

City of La Center, Building Services
305 NW Pacific Hwy
La Center, WA 98629
Ph. 360.263.7665 FAX 360.263.7666
Inspection Line: 360.263.6702
Inspection Email: inspections@ci.lacenter.wa.us

Permit Number _____

Permit Type: **New** **Remodel** **Mechanical** **Plumbing** **Other** _____

Type of Project: Commercial Residential

Legal Property Owner: _____ Phone: _____

Address: _____

Applicant or Agent: _____ Phone: _____

(if different from Legal Property Owner)

Address: _____

Contractor's Name: _____ Phone: _____

Address: _____

WA State License # _____ La Center Business License # _____

Job Site Address: _____

Lot Size: _____ Total Building Sq. Ft: _____ Ratio: _____

Subdivision Name: _____ Lot # _____

Project Description:

Habitable _____ sq. ft. Unhabitable _____ sq. ft. Total _____ sq. ft.

Structure Height _____ ft. No. Plumbing Fixtures _____ Mechanical Project Valuation \$ _____

Submitted Project Valuation: \$ _____ Does the project involve asbestos? Yes No

** This permit becomes null and void if work or construction authorized is not commenced within 180 days from submittal, or if construction of work is suspended or abandoned for a period of 180 days at any time after work has commenced. I also understand that any request for a refund must comply with the City of La Center refund procedures. I hereby certify that I read and examined this application and know the same to be true and correct and agree to comply with City ordinances and state laws regulating the performance of construction. I certify that I am either the property owner or Washington State licensed contractor or an authorized agent applying for the permit under the explicit permission of the propertyowner.

Signature: _____ Date: _____

~~~~~CITY USE ONLY~~~~~

Occupancy Type: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Deferral:    Yes    No    Approval Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Permit Total: \_\_\_\_\_

Additional Comments: \_\_\_\_\_