



## **SIDING PERMIT APPLICATION**

400 N Mill St  
PO Box 229  
Colfax, WA 99111  
(509) 397-3861  
Fax: (509) 397-3044

### **Section 1**

#### **Owner Information**

1. Project address: \_\_\_\_\_
2. Owner's address: \_\_\_\_\_
3. Property owner: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Phone #: \_\_\_\_\_

### **Section 2**

#### **Permit Fee**

Estimated value: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
Plan Check: \_\_\_\_\_  
State Fee: \_\_\_\_\_  
Other: \_\_\_\_\_  
Total: \$ \_\_\_\_\_

#### **PERMIT No.**

**#26-**\_\_\_\_\_

#### **Type of Permit:**

**This permit must be posted in  
plain view and be accessible**

### **Section 3**

#### **Contractor Information**

1. Building Cont.: \_\_\_\_\_ Lic #: \_\_\_\_\_ Ph #: \_\_\_\_\_
2. Mechanical Cont.: \_\_\_\_\_ Lic #: \_\_\_\_\_ Ph #: \_\_\_\_\_
3. Plumbing Cont.: \_\_\_\_\_ Lic #: \_\_\_\_\_ Ph #: \_\_\_\_\_
4. Engineering: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Section 4**

#### **Description of Work**

##### **Type of Construction:**

##### **Description of Work:**

**By typing name on *Applicant's Signature*, I certify that no work will be done except as described above or on accompanying plans. All work will be performed in compliance with all codes and ordinances of the City of Colfax and as summarized in this permit.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Submitted by: Contractor   Home Owner

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Residential permit fee= \$50.00  
Commercial permit fee based  
on valuation.

## **REQUIRED BUILDING INSPECTIONS**

**It is the duty of the building permit holder or their duly authorized agent to notify the building inspector when work is ready for inspection. The permit holder must provide access to and means for inspections that are required by ICC code.**

**Work shall not proceed beyond the point indicated in each successive inspection without first obtaining the approval of the building inspector. Any portions that do not comply shall be corrected and such portion shall not be covered or concealed until authorized by the building inspector.**

**Inspector Sign-off**

\_\_\_\_\_ **Final Inspection**