

2 SETS OF PLANS ARE REQUIRED



City of Soap Lake PO Box 1270 Soap Lake WA 98851
 509 246-1211 Fax 509 246-1211 cityofsoaplake.org

CONSTRUCTION PERMIT	
Staff Use	Permit Number:
Only	Application Date:
Site Address	
Description	

Owner of Record		Plumbing Fees (NC for new SFR)	
Mailing Address		Residential (repair or replace)	
Phone		Fixture Count _____	
Contractor		Comm (based on valuation)	
License #		Project Valuation	
Expiration Date		Plumbing Plan Review	
Contact Person		Misc Fees	
Phone		Plumbing Total	
Zoning (Classification)		Mechanical Fee (NC for new SFR)	
Front Yard		Res (repair/replace \$150)	
Front (corner lot)		Comm (based on Valuation)	
Side Yard		Project Valuation	
Side Yard		Mechanical Plan Review	
Rear Yard		Misc Fee	
Building Information		Mechanical Total	
Project Valuation		Fire Safety Permit	
Total Square Footage		USTT up to 1000 gallons	
Building Height		Fire Safety Plan Review	
Type of Heat		Fire Inspection	
Sewer Type		Burn Permit	
Water System		Miscellaneous Fee	
Assessor Parcel #		Fire Total	
Comments		Other Fees	
		Building Code Council	
		Investigation Fee	
I hereby acknowledge that I have read this application and the information contained herein is correct. I agree to comply with all local, state and federal laws regulating building construction and use. I further hereby grant the Building Department, its officers, employees or any other persons properly designated by the Building Official, a right to enter on the premises as described on this application, for the purpose of making such inspections and tests as may be required to ascertain full compliance with all local, state and federal laws applicable to building construction.		Total Other Fees	
		Building Permit Fees	
		Building Permit	
		Plan Review	
		Additional Plan Review	
		Total Building Fees	
Owner/Agent Signature		Date	