



**City of Davenport**  
 411 Morgan St. Davenport, WA 99122  
 Phone (509)725-4352 Fax (509)7254300

DEPARTMENT USE ONLY	
<b>Permit No:</b>	
Application Date:	
Date Issued & Paid:	

**JOB ADDRESS:**

Assessor's Map No.: \_\_\_\_\_ Tax Lot(s): \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**Class of work:**  Residential  Commercial

New Structure  Addition  Alteration  Garage/Carport  Accessory Bldg.  Mfg.Home  Other \_\_\_\_\_

**Property Owner (PRINT):**

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ **Email address:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contractor (PRINT):**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Number: \_\_\_\_\_ **Email address:** \_\_\_\_\_

Engineer, Architect or Designer (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

**DESCRIPTION OF WORK:**

Square Footage of Building: \_\_\_\_\_ Construction Type: \_\_\_\_\_

**ESTIMATED FINISHED VALUE: \$** \_\_\_\_\_

**NOTICE**

**THIS PERMIT BECOMES NULL AND VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS, OR IF THE CONSTRUCTION OR WORK IS SUSPENDED FOR A PERIOD OF 180 DAYS.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and codes governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

**PROPERTY OWNER Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTRACTOR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR PLANNING DEPARTMENT USE**

Zone: \_\_\_\_\_ Plan Review No: \_\_\_\_\_ Requires Yard Setbacks: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Front/Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Flood Hazard: \_\_\_\_\_ YES \_\_\_\_\_ NO Flood Zone: \_\_\_\_\_ Number of Off-Street Parking Spaces Required: \_\_\_\_\_

Special Conditions: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

PUBLIC WORKS USE				FIRE DEPARTMENT USE			
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Wtr Mtr:	Size:	Tap:	B'Flow X-Conn:	Access:			
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Sewer:	Special Permit/Monitoring:	Tap:	Fire Protection Equip.:				
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Streets/Sidewalks/Curbs:				Comments:			
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Storm Drainage:							
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Comments:							
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Plans Reviewed By:	Date:	Plans Approved By:	Date:				
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**BUILDING DEPARTMENT USE**

**Const. Type:** \_\_\_\_\_ **Sq.Ft.:** \_\_\_\_\_ **Occ Group:** \_\_\_\_\_ **Max Occ. Load:** \_\_\_\_\_ **# of Units:** \_\_\_\_\_ **# of Stories:** \_\_\_\_\_ **Height:** \_\_\_\_\_

Other Information: \_\_\_\_\_

Plan Checked by: \_\_\_\_\_ Date: \_\_\_\_\_ Plans Approved By: NORTHWEST CODE PROFESSIONALS Date: \_\_\_\_\_

BUILDING	PLUMBING	MECHANICAL	TOTAL
FEES	FEES	FEES	FEES
PLAN CK	PLAN CK	PLAN CK	PLAN CK
SURCHARGE	SURCHARGE	SURCHARGE	SURCHARGE
DEFER/PHASED	DEFER/PHASED	DEFER/PHASED	DEFER/PHASED
TOTAL	TOTAL	TOTAL	TOTAL

**Inspection line: 509-725-4352 Schedule by 5pm for next inspection day Inspection Days: TUES., THUR.**