APPLICATION FOR PERMIT

CITY OF ROCK ISLAND
PO BOX 99
ROCK ISLAND, WA 98850
(509)884-1261

❒ Mobile Home
❒ Building

Receipt No. _____
Bldg. Permit Fee _____
Plan Check Fee _____
Mobile Home _____
Other _____

TOTAL _____

BE SURE YOU ARE INFORMED ON PLATTING AND ZONING REGULATIONS BEFORE APPLYING FOR A BUILDING PERMIT. NO CONSTRUCTION SHALL PROCEED BEFORE PERMIT IS ISSUED.

PROPERTY OWNER	CONTRACTOR
Name _____	Name _____
Add. _____	Add. _____
City _____	City _____
Phone _____	Phone _____
	License _____

Class of Work: New ____ Addition ____ Alteration ____ Repair ____ Move ____ Demolition ____

Location: Farm Unit _____ or Lot _____ Block _____ Subdivision _____

Section _____ Township _____ Range _____ Lot Size _____X_____, or Acres _____

Type of Structure _____ Wood, _____ Metal, _____ Masonry/Concrete, _____Other _____

Intended Use _____How Zoned _____

Is this structure to be moved to this location? ____Yes ____No

If yes, from where _____

Valuation per schedule _____

SEWAGE DISPOSAL INFORMATION

Septic Tank Existing _____

Applying Now for Permit _____

PLOT PLAN

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IS THIS THE ONLY DWELLING ON THIS PARCEL OF LAND?

Yes _____ **No** _____

Draw sketch with dimensions showing:

1. Property lines
2. Highway or road name and location
3. Ground plan of all buildings
4. Minimum distances to property lines and highway
5. Distance from building to septic tank and drainfield, etc.
6. Distance from water supply to septic tank

GENERAL INFORMATION

Dwelling to septic tank	5 ft.
Well to septic tank	50 ft.
Well to Drainfield	100 ft.
Dwelling to Drainfield	10 ft.
Dwelling to road r/w	25 ft.
Side yard setback	5 ft.

Two sets of plans required

ALL ELECTRICAL IS UNDERGROUND

I hereby apply for a permit to do the work shown above and acknowledge that I have read this application and hereby certify that the above information is correct.

_____ Signature of Owner or Agent

_____ Date

FOR OFFICE USE ONLY

Plans received _____

Plans checked _____

Health by _____ Date _____

Planning by _____ Date _____

Water Wks. by _____ Date _____

Bldg. Dept. _____ Date _____

_____

Fire Marshal _____ Date _____

Permit issued by _____ Date issued _____

RESIDENCES **MAY NOT** BE OCCUPIED UNTIL AFTER FINAL INSPECTION BY THE COUNTY BUILDING INSPECTOR.

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