

CITY OF  
MEDICAL LAKE

PERMIT  
APPLICATION



Date:   
 Permit #:   
 Project Address:

Owner:   
 Mailing Address:   
 Phone:

Contractor:   
 Address:   
 Phone:   
 License No.

Legal Description:  Parcel #   
 Description of Work:   
 Valuation:   
 Type of Construction  0  
 Building Sq. Ft.  0  
 # of Dwelling Units:   
 Occupancy Group:  0  
 # of Stories:   
 Use Zone   
 Type of Heat:

CITY USE ONLY	
Reviewed By	
Planning Dept.	<input type="text"/>
Building Dept.	D. Weisbeck
Public Works Dept.	<input type="text"/>

FEES		CITY USE ONLY
Plan Dept. Rev. Fee:	\$ -	001 345 89 00 00
Park Impact Fee:	\$ -	100 345 85 76 00
Fire Impact Fee:	\$ -	100 345 85 22 00
School Impact Fee:	\$ -	100 345 85 00 00
Building Permit Fee:		001 322 10 00 00
Plan Review Fee:	\$ -	001 345 83 00 00
Plumbing Fee:	\$ -	001 322 10 00 00
Mechanical Fee:	\$ -	001 322 10 00 00
Water Tap Fee:	\$ -	401 343 40 00 01
Water CIP Fee:	\$ -	405 379 00 00 01
Sewer Tap Fee:	\$ -	401 343 50 00 01
Sewer CIP Fee:	\$ -	405 379 00 00 01
Sewer LID Fee:	\$ -	405 368 10 00 00
Bldg Code Cncl. Fee:	\$ -	635 389 30 01 00
Other:	\$ -	
Receipt #:	<input type="text"/>	
Water/Sewer Tap #:	<input type="text"/> 0	
<b>TOTAL FEES:</b>	<b>\$ -</b>	

THE CITY OF MEDICAL LAKE HEREBY  
 APPROVES THE ISSUANCE OF THIS  
 PERMIT BY:

Dave Weisbeck, Building Inspector

NOTICE: Separate permits are required (when applicable) for electrical, plumbing and mechanical. This permit becomes null and void if work or construction is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified here or not. The granting of this 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.

It is the responsibility of the person doing the work authorized by a permit to notify 24 hours in advance that work is ready for inspection. Please call the Medical Lake Building Department @ (509) 565-5000 for inspection.

Signature of Owner/Contractor or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_