



## Building Division

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**PERMIT #**

## Residential Construction Permit Application

<b>Site Address:</b>		Cost of Job/Value of Construction: \$
Parcel No.: <i>(required)</i>	Legal Description:	
<b>Applicant is</b> (check one): <input type="checkbox"/> <b>Owner</b> <input type="checkbox"/> <b>Contractor</b> <input type="checkbox"/> <b>Architect</b> <input type="checkbox"/> <b>Other:</b> _____		
<b>Property Owner:</b>	Phone No.:	
Address:	Email:	
<b>Contractor:</b>	Phone No.:	
Address:	Email:	
State Contractors License #:	Pasco Business License #:	
<b>Architect/Designer:</b>	Phone No.:	
Address:	Email:	
<b>Description of Work</b> (select multiple items if applicable):		
<input type="checkbox"/> Addition to Garage	<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Sewer Connection
<input type="checkbox"/> Addition to Home	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Shed
<input type="checkbox"/> Concrete/flat work	<input type="checkbox"/> Patio cover	<input type="checkbox"/> Siding replacement
<input type="checkbox"/> Deck	<input type="checkbox"/> Pergola	<input type="checkbox"/> Stucco
<input type="checkbox"/> Demolition	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Swimming Pool (depth greater than 24")
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Remodel/Renovation	<input type="checkbox"/> Water Connection
<input type="checkbox"/> Fence	<input type="checkbox"/> Roofing	<input type="checkbox"/> Window replacement
<b>If connected to septic system provide location of septic tank, drain field and secondary field. Information must be obtained from the Benton/Franklin Health Department.</b>		
<b>OTHER</b> (please provide a detailed description of the scope of work if it <u>does NOT match</u> one of the above or if further detail is required):		

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code and ordinances governing this type of construction work, including state contractor registration laws. I understand that, once accepted, this permit application is valid for 30 days. If the permit is not obtained within 30 days, the permit application and all submitted building and site plans will be discarded.

Applicant Name (Please Print) \_\_\_\_\_

Applicant Name Signature \_\_\_\_\_ Date \_\_\_\_\_