

119 West First Street
 Cle Elum, WA 98922
 Telephone · (509) 674-2262
 Fax · (509) 674-4097
 www.cityofcleelum.com



Stamp & initial

Building Permit Application

“No building or structure shall be erected, placed, constructed, enlarged, altered, repaired, moved, improved, removed, converted or demolished unless a separate permit for each building or structure has first been obtained from the City of Cle Elum.” See [CEMC 15.04](#).

OFFICIAL USE ONLY	
Permit #:	2021-
Staff Person:	
Fee Total:	

PROJECT LOCATION				
Site Address:		Parcel No:		
PERMIT TYPE				
<input type="checkbox"/> New Single Family <input type="checkbox"/> Mechanical / Plumbing <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> SFR Addition / Remodel <input type="checkbox"/> Re-Roofing <input type="checkbox"/> Fire Safety <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Gas Conversion <input type="checkbox"/> Demolition <input type="checkbox"/> Foundation <input type="checkbox"/> Multi Family <input type="checkbox"/> Other _____ <input type="checkbox"/> Garage <input type="checkbox"/> Commercial				
CONTACT INFORMATION				
PROPERTY OWNER	Name:			
	Mailing Address:			
	Phone 1:		Phone 2:	
	Email:			
OWNER'S AGENT	Name:			
	Mailing Address:			
	Phone 1:		Phone 2:	
	Email:			
DESIGNER	Name:			
	Mailing Address:			
	Phone 1:		Phone 2:	
	Email:			
CONTRACTOR	Name:			
	Mailing Address:			
	Phone 1:		Phone 2:	
	Email:			
	City Business License No:		Expiration Date:	
	State Contractor License No:		Expiration Date:	

PROJECT INFORMATION

Description of Work:								
Existing Use:				Proposed Use:				
Total Existing Area (sq/ft)				Total New Area (sq/ft)				
Number of Stories:		Basement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heat Source:	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Other _____
Sewer Connection:	<input type="checkbox"/> N/A	<input type="checkbox"/> Existing	<input type="checkbox"/> New		Water Connection:	<input type="checkbox"/> N/A	<input type="checkbox"/> Existing	<input type="checkbox"/> New
Project Valuation:	Projects with new square footage will be valued by Building Official. Remodels, T.I., Fire Safety Permits, etc. may be valued by the Contractor at Fair Market Value.						\$	

NOTICE

The owner, licensed contractor and/or Authorized Agent is hereby provided with the following notice:

- The state contractors registration act (RCW chapter 18.27) requires all persons doing any work as a contractor to obtain a Certificate of Registration from the Washington State department of Labor and Industries.
- The owner will personally perform the proposed construction or the owner will construct to have the above work performed by a Registered Contractor.
- The owner, if not a registered contractor, may construct improvements on his or her own property provided it is done WITHOUT the intention of selling the improved property.
- It is unlawful to do any work as a contractor without a Certificate of Registration. Violation of these requirements is a misdemeanor.
- This building permit will expire unless an approved inspection is completed once a year.
- It is the owners' responsibly to make sure all inspections are performed and shall not occupy or use without a final inspection or Certificate of Occupancy.

I hereby acknowledge that I have read this application and state the above information is correct. I agree to comply with all current codes, laws, regulations and permit requirements related to this project. I hereby certify that I will pay all fees as required by law, including any applicable review fees if I do not purchase the permit. I hereby grant to the City of Cle Elum Building Department a right to enter onto the premises as described for this permit application, for the purpose of making such inspections and tests as may be required. All permit fees are non-refundable.

Signature of Applicant:	Date:
I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Owners' Authorized Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Designer	

TO BE COMPLETED BY CITY STAFF			
Use Zone:	Allowed use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Variance Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	CUP Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No
Setbacks: FRONT: _____ SIDES: _____ / _____ REAR: _____	Critical Areas Present: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Flood Zone:	Other Critical Areas:	Elevation Cert. Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Side Design Review Req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No		Notes:	
Other Notes:			