



Town of Yacolt

202 W. Cushman Street - P.O. Box 160
Yacolt, WA 98675

Tel: (360) 686-3922 Fax: (360) 686-3853

Email: townofyacolt@townofyacolt.com
www.townofyacolt.com

Office Use Only

Date Received: _____
Reply Deadline: _____
Permit Name: _____
Permit Number: _____
Issue Date: _____

Master Permit Application

(Attach additional pages if you need more space.)

General Project Description

Please describe the proposed project, including the existing use(s) of the property, proposed use(s) of the property, and all expected land use and construction elements.

Land Use Elements: (e.g., subdivision, short plat, variance, conditional use permit, road access, zoning, SEPA, etc.)

Construction Elements: (e.g., new construction/remodel/addition, commercial, single-family home, multi-family, detached garage, accessory building, fence, demolition, re-roof, right-of-way work, etc.)

Estimated Total Cost of the Project, (labor and material): \$ _____

Property Information

Property Street Address: _____

Tax Parcel Number(s): _____

Legal Description: _____

Owners' Name(s): _____

Owners' Mailing Address: _____

Owners' Phone Number(s): _____

Owners' Cell Phone Number(s): _____

Owners' Email Addresses: _____

Occupants' Name(s): _____

Occupants' Phone Number(s): _____

Occupants' Cell Phone Number(s): _____

Occupants' Email Addresses: _____

Other Contact Information

(If not applicable to the Project, please indicate "N/A" below.)

Primary Contact Information

Contact Person: _____
Company Name: _____
Contact Address: _____
Phone Number(s) (incl. cell): _____
Contact Email Address: _____

Project Manager / Other Authorized Representative

Company Name: _____
Company Address: _____
Company Phone Number(s): _____
Contact Name: _____
 Contact Email Address: _____
 Contact Phone, (incl. cell): _____

Contractor Information *(Must be provided prior to issuance of permit)*

Contractor Company Name: _____
Company Address: _____
Company Phone Number(s): _____
Contact Name: _____
 Contact Email Address: _____
 Contact Phone: _____
Contractor's WA State UBI Number: _____
Contractor's WA L&I License Number: _____
Contractor's WA State Contractor's License Number: _____
Licensing Bond, (company and amount): _____

Attach or enclose a copy of current contractor registration card for verification purposes.

If Construction by Owner: If the project will be constructed or partially-constructed by the property owner, confirm that you have read the contractor licensing requirements? Yes No
Cite exemption number in RCW 18.27: _____

OR

If Owner is Contractor: I have read RCW 18.27.010 relating to definitions of general contractors and specialty contractors, and RCW 18.27.110 which prohibits the issuance of permits without proof of registration, and verify that the owner is a contractor.

Signature: _____ Date: _____
Printed Name: _____ Title: _____

Signature: _____ Date: _____
Printed Name: _____ Title: _____

Other Consultant(s) *(Civil engineer, architect, sub-contractor, etc.)*

Company Name: _____
Company Address: _____
Company Phone Number(s): _____
WA State UBI Number: _____
WA State Licensing Information: _____
Contact Person: _____
 Contact Email Address: _____
 Contact Phone: _____

Financial Responsibility

Financially Responsible Party/Parties *(Application processing fees, processing costs, impact fees, etc.)*

Name(s): _____
Company Name: _____
Mailing Address: _____
Phone Number(s) (incl. cell): _____
Email Address: _____

Construction Financing *(Lender information is only required for projects over \$5,000.)*

This project is: Funded Soley by the Owner Funded by a Lender

Construction Lender *(Any lender associated with the project by providing interim construction financing.)*

Lender Name: _____
Branch Name: _____
Mailing Address: _____
Phone Number(s): _____

Payment Bond *(Any firm associated with the project by providing a payment bond on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than fifty percent of the total amount of the construction project.)*

Bonding Company Name: _____
Mailing Address: _____
Phone Number(s): _____
Bond Number / Detail: _____

Note: If any information about the construction lender or payment bond is not available at the time this application is submitted, you must so state. The applicant must provide the remaining information as soon as the applicant can reasonably obtain such information.

Acknowledgements

(All property owners, applicants and financially responsible parties must sign and date this Master Permit Application.)

1. *I certify that I am the owner of this property or the owner's authorized agent. If acting as an authorized agent, I further certify that I have full power and authority to file this application and to perform, on behalf of the owner, all acts required to enable the jurisdiction to process and review such application. I certify, under penalty of perjury, under the laws of the State of Washington, that the information provided is true and correct.*
2. *I will comply with all provisions of law and ordinance governing this type of application. I understand that false statements, errors, and/or omissions may be sufficient cause for delay, denial or revocation of the permit. If the scope of work requires a licensed contractor to perform the work, the contractor's information will be provided prior to permit issuance.*
3. *I authorize employees and agents of the Town of Yacolt to enter onto the property which is the subject of this application at any reasonable time to examine the property, to take photographs, to post public notices, and to perform any other act reasonably necessary to process this application.*
4. *This Master Permit Application, together with all other submittals as may be required by the Town of Yacolt, constitutes my request and application for a building and/or land use permit. I certify that my submittal package*

contains the required information and is accurate. If my application submittal package is not correct and complete, I understand that my application will not be accepted, and that I will be required to re-apply when I have all the required information.

Signature: _____ Date: _____
Printed Name: _____ Title: _____

Signature: _____ Date: _____
Printed Name: _____ Title: _____

Signature: _____ Date: _____
Printed Name: _____ Title: _____

Signature: _____ Date: _____
Printed Name: _____ Title: _____