

TOWN OF LYMAN

PERMIT APPLICATION

FOR INSPECTIONS CALL:
PHONE: (360) 755-0077
EMAIL: TownofLyman@msn.com
24-Hour Notice Requested

P.O. Box 1248
8405 S. Main Street
Lyman, WA 98263

SITE ADDRESS							
OWNER	NAME (OR NAME OF BUSINESS)		PLUMBING				
	MAILING ADDRESS		No.	TYPE OF FIXTURE OR ITEM	FEE		
	CITY, STATE, ZIP	TELEPHONE NO. ()		Water Closet	\$		
ARCHITECT	ADDRESS			Bathtub			
				Lavatory			
				Shower			
				Kitchen Sink			
				Dishwasher			
CONTRACTOR	CITY, STATE, ZIP	TELEPHONE NO. ()		Laundry Tray			
	STATE LICENSE NUMBER		CITY LICENSE NUMBER			Clothes Washer	
						Water Heater	
	NAME			Urinal			
	ADDRESS			Drinking Fountain			
	CITY, STATE, ZIP	TELEPHONE NO. ()		Floor Sink or Drain			
	STATE LICENSE NUMBER		CITY LICENSE NUMBER			Slop Sink	
					Water Piping		
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		PERMIT			\$		
<input type="checkbox"/> New <input type="checkbox"/> Add <input type="checkbox"/> Alter <input type="checkbox"/> Repair		TOTAL FEE			\$		
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Sign <input type="checkbox"/> Demolition <input type="checkbox"/> Other		MECHANICAL					
		<input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> ELECT. <input type="checkbox"/> OTHER					
Parcel Number and Lot, Block Information: Lot Block of		No.	TYPE OF EQUIPMENT	FEE			
PARCEL NO.			Air Cond. Unit	\$			
			Refrigeration Unit --	HP			
			Boiler --	HP			
			Forced Air System	BTU/KW			
Describe Work			Floor Furnace				
			Wall Heater				
			Unit Heater				
			Clothes Dryer				
Occupancy Use <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residence <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Storage <input type="checkbox"/> Church <input type="checkbox"/> Restaurant <input type="checkbox"/> Other			Ventilation Fan				
			Range Hood				
			Air Handling Unit --	CFM			
			Pre-manufactured Stove or Fireplace				
			Gas Piping				
<p style="text-align: center;">Notice</p> <p>This permit is issued by the Building Official and, under the provisions of the International Building Code, shall expire by limitation and become null and void if the building or work authorized by such permit is not commenced within 180 days from the date of permit issuance, or if the building or work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days.</p> <p>By affixing my signature, I hereby certify that I am the owner of the property for which this permit is issued or am an authorized representative of the owner.</p> <p>All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, including routine calls for inspections.</p>		PERMIT			\$		
		TOTAL FEE			\$		
		TOTAL FEES		VALUATION		FEE	
		Building				\$	
		Plan Check					
		Plumbing					
		Mechanical					
		Sign					
		Demolition					
Signature of Owner or Authorized Agent (Date)		Mobile/Modular Home					
Street Setback	Side Yard Setback	Rear Yard Setback		State Surcharge			
Use Zone	Occupancy Group	Type of Const.		Other			
		TOTAL \$					
INSTRUCTIONS FOR PLOT PLAN							
DRAW A SKETCH OF THE PROPERTY ON A SEPARATE SHEET OF PAPER OR PLOT PLAN SHOWING THE FOLLOWING:							
1. Street and alleys abutting property.							
2. North arrow and scale of property.							
3. Size and shape of property.							
4. Size of existing buildings or improvements.							
5. Size of proposed buildings or improvements.							
6. Distance of all structures from all property lines.							
7. Parking and loading layout.							
8. Size and placement of signs if applicable.							

ASBESTOS WARNING

Before starting a renovation or demolition project, property owners must document in good faith that no asbestos-containing materials will be disturbed. Contractors must receive documentation from the building owner. N.W. Air Pollution Authority must be notified prior to any asbestos removal. Rules require penalties for non-compliance.
NWAPA Phone: 428-1617 – Mount Vernon
1-800-622-4627 – County

TWO (2) SETS OF STRUCTURAL PLANS REQUIRED. ONE SET TO BE RETURNED AT TIME OF ISSUANCE. CROSS SECTION, FLOOR PLAN, FOUNDATION PLAN, PLUMBING AND MECHANICAL DETAIL. VERIFICATION OF SEWER CONNECTIONS REQUIRED.