

RESIDENTIAL BUILDING PERMIT APPLICATION

CITY OF NOOKSACK
 103 W. MADISON ST.
 NOOKSACK, WA 98276
 (360)966-2531 Fax: (360)966-2505

BUILDING PERMIT #: _____ / _____

DATE _____

TREASURER'S RECEIPT #: _____

All applicable information must be included. Your application may not be accepted if this form is incomplete.
PLEASE TYPE OR PRINT ALL INFORMATION IN INK

APPLICANT: _____ DAYTIME PHONE: _____
 please check one: (OWNER) (AGENT)
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LEGAL PROPERTY OWNER: _____ DAYTIME PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

APPLICANT/CONTACT PERSON: _____ DAYTIME PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROJECT CONTRACTOR: _____ DAYTIME PHONE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 LICENSE #: _____ EXPIRATION DATE: _____

TAX PARCEL NUMBER: _____ BLOCK #: _____ LOT/S: _____
 SUBDIVISION NAME: _____ SUBDIVISION LOT NUMBER _____
 PROJECT SITE ADDRESS: _____ ZONING DISTRICT: _____
 DESCRIBE WORK TO BE DONE: _____

All construction projects within the FEMA mapped flood areas shall use industry acceptable methods to prevent erosion and sedimentation impacts on any drainage or body of water.

PROJECT WILL BE CONSIDERED: () NEW CONSTRUCTION () ADDITION/REMODEL () REPAIRS
 POST CONSTRUCTION USE OF BUILDING WILL BE: ___ SFR ___ SFR/MAN.HM. ___ ACCESSORY BUILDING
 [IF MANUFACTURED HOME: MAKE: _____ MODEL: _____ SERIAL NO: _____]
 NO. BEDROOMS: _____ NO. BATHROOMS: _____
 SQUARE FOOTAGE: HOME _____ GARAGE _____ OTHER _____

PROJECT VALUATION: \$ _____ \$ _____
 (PROPOSED) Does not include land costs Valuation per NMC ordinance #624

Applicant attests that all information provided on this application and accompanying material is true and accurate.

APPLICANT SIGNATURE: _____ DATE: _____

I certify that I have read, understand, and acknowledge that this permit expires if the work or construction authorized herein has not commenced within 180 days or if 180 days has lapsed since the last inspection. I also acknowledge that occupancy cannot occur prior to final inspection.

OFFICE USE ONLY

MAP AND PANEL NUMBER	SUFFIX	FIRM INDEX DATE	FIRM PANEL EFFECTIVE/REVISED DATE	FLOOD ZONE(S)	BASE FLOOD ELEVATION(S) (ZONE AO, use depth of flooding)
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LOWEST FLOOR _____ FT. (or) LOWEST FLOOR _____ FT. ABOVE ADJACENT STREET CENTERLINE.

If applicable, see FEMA Elevation Certificate/National Flood Insurance Program Crawlspace Construction Guidelines.

SHORELINE: YES _____ NO _____ DISTANCE OHWM: _____ TOP OF BANK: _____

LOT SIZE: () SQ. FT. () ft X () ft

BUILDING FOOTPRINT: () SQ. FT. () ft X () ft and _____ STORIES IN HEIGHT (w/o Basement)

SETBACK REQUIREMENTS: _____ FRONT(20/25) _____ BACK(10) _____ SIDE 1(7.5) _____ SIDE 2(7.5)

REQ'D. PARKING SPACES: _____ FIRE SPRINKLERS: YES _____ NO _____ BASEMENT YES _____ NO _____

FIRE DISTRICT: Whatcom County Fire District # 1 SCHOOL DISTRICT: Nooksack Valley School District #506

CONDITIONS: Air pressure test (100 psi) is required on water piping.
 Air pressure test (12 psi) is required on gas piping. Water stack test is required on side sewer. (accurate as-built drawing of layout with reference points shown must be provided.) Either water stack test or air pressure test (4 psi) is required on drainage piping. Please call Nooksack City Hall to schedule inspections.

ALL LOCAL TAX SHOULD BE CODED TO NOOKSACK #3706