



BUILDING PERMIT

The Confederated Tribes of the Colville Reservation
Public Works & Solid Waste Enforcement
12 LAKES STREET P.O. Box 150
Nespelem, WA 99155
Phone: 509-634-2808 Fax: 509-2813

*****IT IS THE DUTY OF THE APPLICANT TO NOTIFY THE BUILDING OFFICIAL WHEN THE PROJECT IS READY FOR INSPECTION*****

VALUATION \$ _____

PLOT PLAN/DRAWINGS/BUILDING SKETCH ATTACHED:

OWNER:

CONTRACTOR:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ PHONE: _____

CITY: _____ PHONE: _____

CLASS OF WORK:

MOBILE HOME:

TYPE OF STRUCTURE:

- a. NEW
- b. ADDITON
- c. ALTERATION
- d. REPAIR
- e. MOVE
- f. DEMOLITION

- NEW
- USED
- SINGLE-WIDE
- DOUBLE-WIDE
- TRIPLE-WIDE

- WOOD
- METAL
- MASONRY/CONCRETE
- OTHER

GENERAL INFORMATION: **(YES/NO)**

1. WILL THERE BE CONSTRUCTION CHANGES: _____
2. WILL THERE BE ANY MECHANICAL WORK (VENT/DUCT): _____
3. WILL THERE BE ANY PLUMBING CHANGES: _____
4. WILL THIS BE A MULTI-FAMILY STRUCTURE: _____
5. WILL EXCAVATION BE NECESSARY: _____
6. WILL THERE BE ELECTICAL WORK: _____

DESCRIPTION OF WORK:

PERMITS WILL INCLUDE ONLY SUCH WORK AS STATED ABOVE

I HEREBY CERFITY THAT THE WORK TO BE **(DOES)** **(DOES NOT)** INVOLVOE OR AFFECT THE SUPPORTING WALLS, PIERES COLUMNS, BEAMS GIRDEERS OR BEARING PARTITIONS AND THAT NO OTHER WORK IS TO BE DONE EXCEPT AS GIVEN IN THE ABOVE DESCRIPTION OF WORK, PLANS AND SPECIFICATIONS. I HEREBY APPLY FOR A PERMIT TO DO WORK DESCRIBED ABOVE AND ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE OF OWNER OR APPLICANT: _____ **DATE:** _____

PUBLIC WORKS BUILDING INSPECTOR SIGNATURE: _____ DATE: _____

***** PLEASE NOTE PAYMENT PROCESSING/BILLING MAY TAKE UP TO 5 BUSINESS DAYS*****

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THIS SECTION FOR INSPECTOR ONLY

Owner: _____

Contractor: _____

Tax Parcel # _____

Site Location: _____

REQUIRED INSPECTIONS: Comments/Date

1. Footing _____
2. Slab/Slab Insulation _____
3. Framing _____
4. Plumbing/Mechanical _____
5. Insulation _____
6. Air Sealing _____
7. Dry Wall _____
8. Energy _____
9. Lighting/Switching _____
10. Ventilation _____

FINAL:

CERTIFICATE OF OCCUPANCY: _____

Permit # _____

Date Issued: _____

Permission is hereby granted to do the work described above, according to the approved plans and specifications outlined on the corresponding Building Permit Application. Permit becomes Void if construction has not started within 12 months of issuance OR if work is suspended for more than 180 days unless a written request for an extension is received. This permit is subject to compliance with any Colville Tribal Ordinances or Resolutions that may be applicable. Stop work orders may be issued if construction does not conform to approved plans.

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