



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 or 509-634-2811 Fax: 509-2813

Permit # _____

Date Issued: _____

Owner: _____ Email: _____

Contractor: _____

Tax Parcel # _____

Site Location: _____

Description of work:

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 _____

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. Call the Building Department when you are ready for an inspection: 509 634-2828 or 634-2811 _____ Certified Colville Tribal Building Inspectors

IN ORDER FOR THE BUILDING PERMIT TO BE CONSIDERED COMPLETE THE FOLLOWING MUST BE INCLUDED:
VALUATION, BUILDING PLANS/DRAWINGS

PERMIT # _____ BUILDING PERMIT FEE: _____ VALUATION \$ _____

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 ELECTRICAL WORK: _____

*****IT IS THE DUTY OF THE PERSON DOING THE AUTHORIZED BY THIS PERMIT TO NOTIFY THE BUILDING OFFICIAL WHEN THE PROJECT IS READY FOR INSPECTION*****

LOCATION (STREET ADDRESS) _____ PLOT PLAN/DRAWINGS/BUILDING SKETCH ATTACHED: ☐

DESCRIPTION OF WORK:

PERMITS WILL INCLUDE ONLY SUCH WORK AS STATED ABOVE

I HEREBY CERTIFY THAT THE WORK TO BE (DOES) ☐ (DOES NOT) ☐ INVOLVE OR AFFECT THE SUPPORTING WALLS, PIERS, COLUMNS, BEAMS, GIRDERS 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 AGENT: _____ **DATE:** _____