



# 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

Permit# \_\_\_\_\_

Permit Fee: \_\_\_\_\_

**\*\*\*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: Email: \_\_\_\_\_

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 CERTIFY THAT THE WORK TO BE **(DOES)**  **(DOES NOT)**  INVOLVOE OR AFFECT THE SUPPORTING WALLS, PIERES COLUMNS, BEAMS GIRDBERS 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. Roof \_\_\_\_\_
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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