				APPLIC	ATION /	PER	M	IT NO: 20		
		CITY OF TENINO P O Box 4019 / 149 Hodgden Street South Tenino, WA 98589 (360) 264-2368 FAX (360) 264-5772 24 HOUR NOTICE REQUIRED FOR ALL INSPECTIONS: CALL (360) 688-0169								
	Site Address				Parcel #			Valuation		
	Contact Pers	on		Mailing Address				Phone		
	Owner			Mailing Address				Phone	Phone	
A N	Engineer/Architect			Mailing Address				Phone		
U U	Contractor			Mailing Address				Phone	Phone	
LIC	Contractor Lic #			Contractor UBI #						
Δ	Type of Permit			C			f			
								<u>.</u>		
	Type of	Construction		Date				BUILDING		
	Occupancy Group Zoning					Buildir	Building Permit Fee			
I hereby certify that I have read and examined this application and know that same to be							Plan Review Fee			
true and correct. All provisions of law or ordinances governing this type of work will be							City Fee \$40.00			
compiled with whether specified herein or not. The granting of this permit does not							Sign Permit Fee			
presume to give authority to violate or cancel the provisions of any other State or Local							State Bldg Code			
law rega	w regarding construction or the performance of construction.						Other			
							Total			
								PLUMBING		
Date				Applicant Signature				ITEM	FEE	
NOTICE TO APPLICAN				NT		Pe	ermit Fee			
This	permit becom	es null and voi	d if the work or cons	struction authorize	uction authorized is not			Water Closet-Urinal		
comme	nced within 18	0 days or if wo	uspended or abane	ended or abandoned			nk-Fountain			
for 180 days at any time after work is commenced.							Τι	ub-Shower		
							Clotheswasher-Dishwasher			
All work shall be done in accord with the approved plans except where such approval							Lawn/Fire Sprinkler			
is in conflict with other codes. The approved plans shall not be changed or modified							Pool-Hot Tub			
without the prior approval of the Building Official.							PI	an Review Fee (65%)		
It is the responsibility of the permitee to obtain the required inspections. Failure to notify							Total			
this department that the work is ready for inspection may necessitate the removal of								MECHANICAL		
some of the construction material at the owners expense in order to perform such							╞	ITEM	FEE	
INSPECTION. PERMIT IS APPROVED FOR WORK DESCRIBED ABOVE IN ACCORD WITH THE								ermit Fee		
			OR WORK DESCRI	—		HE	_	orced Air Heat BTU	ļ	
lse		BLIC WORKS		See Attached See Attached				oor-Wall Heater biler or Heat Pump		
ול ר		IING REVIEW	Approved Approved	See Attached				r conditioner-Unit Cooler		
For City Use	WATER AVAILABILITY Approved - with Certificate							entilation Sys-Exhaust Hoo	d	
Foi							Wood Stove			
	Date Building Official							as Piping		
RNAL L	JSE ONLY			<b>J</b>				ater Heater-Floor Drain		
	Date		Amount	Receipt No.			_	an Review Fee (65%)		
E III							1	Total		
RECEIPTS					_					
RE	I _						Τc	otal Fees Due		
	Verified: Business Lic Copy L&I Contractor Lic#									
DATE FINALED:										