



FOR STAFF USE ONLY

PERMIT #

Residential Construction Permit Application

Site Address:		Project/Construction Valuation: \$
Parcel No.:	Number of Units:	Sq. Ft. of Area Being Modified:
Applicant is (check one): <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Other: _____		
Legal Property Owner:		Phone No.:
Mailing Address:		Email:
Contractor:		Phone No.:
Address:		Email:
State Contractors License #:		Pasco Business License #:
Architect/Designer:		Phone No.:
Address:		Email:
Description of Work (select multiple items if applicable):		
<input type="checkbox"/> Addition to Garage <input type="checkbox"/> Hot Tub <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Addition to Home <input type="checkbox"/> Mechanical <input type="checkbox"/> Shed <input type="checkbox"/> Concrete/Flat Work <input type="checkbox"/> Patio Cover <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Deck <input type="checkbox"/> Pergola <input type="checkbox"/> Stucco (Provide Stucco Type Below) <input type="checkbox"/> Demolition <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pool (depth greater than 24") <input type="checkbox"/> Detached Garage/Shop <input type="checkbox"/> Remodel/Renovation <input type="checkbox"/> Water Connection <input type="checkbox"/> Fence <input type="checkbox"/> Roof (Provide Roof Type Below) <input type="checkbox"/> Window/Door Replacement <input type="checkbox"/> Other (Use description box below)		
If connected to septic system provide location of septic tank, drain field and secondary field. Information must be obtained from the Benton/Franklin Health Department.		
Provide a detailed description of the scope of work:		

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code and ordinances governing this type of construction work, including state contractor registration laws. I understand that, once accepted, this permit application is valid for 30 days. If the permit is not obtained within 30 days, the permit application and all submitted building and site plans will be discarded.

Applicant Name (Please Print) _____

Applicant Name Signature _____ Date _____



Inspection Services | Building Division

525 N 3rd Ave, Pasco, WA 99301

P: 509.543.5726

www.pasco-wa.gov | permittech@pasco-wa.gov

Utility Service Connection Application

If this property is within city limits, this application would be in addition to the Building Permit Application.

Property & Owner Information:

Site Address: _____ Parcel: _____

Legal Property Owner Name: _____

Lot Width: _____ feet Lot Depth: _____ feet

If lot is irregular shaped, provide lot square footage: _____ sq.ft.

Site/Field Contact:

Name: _____ Phone/Email: _____

Utility Billing Information:

Billing Name: _____

Billing Address: _____

City, State & Zip: _____

Services Requested:

Water Sewer Irrigation

*Selecting the desired services does not guarantee availability of those services.

Water Meter Size Requested: _____ inches

When the water meter is set, do you want to defer the activation of the account by having it locked off? **Yes** **No**

Locked Meter: Selecting this option means that, once the water meter is installed, you will only be billed for storm drain and irrigation (if applicable) utility base fees while the meter is locked. However, please be aware that to access services, you will need to submit a written request to Utility Billing to unlock the meter and the account will be assessed a \$15 service fee.

Unlocked Meter: Opting for an unlocked meter installation means that any applicable services, such as water, sewer, stormwater, ambulance, and irrigation, which are tied to the meter and the final use of the parcel, will be billed upon the installation of the water meter. This ensures immediate access to services without any additional steps.

If your water meter is being used for irrigation purposes the meter will be locked automatically.

Utility Connection Acknowledgement

The applicant's signature is accepted understanding applicant has permission from the record owner of the property to make this application and is acting in the property owner's interest.

Applicant further agrees to conform to all ordinances, rules, and regulations now in existence and as hereafter amended or supplemented governing the Water/Sewer utilities.

Applicant further agrees that the City of Pasco shall have the right to shut off the water supply at any time without prior notice for repairs, extensions, nonpayment of rates, or for other good cause, and that the City of Pasco shall not be responsible for any damage caused by breaking, bursting or collapsing of any boilers, pipes or fixtures or by the stoppage or interruption of the water supply, the shutting off of the water as a condition precedent to receiving water service.

Applicants for water service who are converting to the city utility from well service must disconnect their well water to their residence prior to connection of city water service to prevent contamination of the city water supply.

Name of Applicant (print): _____

Signature of Applicant: _____ **Date** _____