



121 Alder St., SW * Ephrata, WA 98823 * Phone 509/754-4601 Fax 509/754-0912 * ephrata.org

PERMIT # _____

Application Date: _____

Permit Fee : _____

Receipt No. _____

STREET AND UTILITY CONSTRUCTION PERMIT APPLICATION

Street Address: _____

Tax Parcel Number(s): _____

Legal Description/Subdivision Name: _____

Project Cost (Right of Way) \$ _____

Project Description : Write a brief description of the work to be done below. Submit a drawing of the work to be done and traffic control plan with application: _____

OWNER/APPLICANT INFORMATION

Owner: _____

Phone: _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Applicant: _____

Phone: _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Contractor: _____

Phone: _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Architect/Engineer: _____

Phone: _____ Fax: _____

Mailing Address: _____

City/State/Zip: _____

Contact Name: _____

WA State Contractor License # _____

Expiration Date: _____

City Business License # _____

Expiration Date: _____

Bonding Company: _____

Phone: _____

Bond Number: _____

Bond Expiration Date: _____

NOTICE: Separate permits and approvals may be required for this project. Every permit issued by the Administrative Authority under the provisions of the Ephrata Municipal Code shall expire by limitation and become null and void if the work authorized by such permit is not commenced within 180 days from the date of issuance of such permit, or if the work authorized by such permit is suspended or abandoned at any time after the work is commenced for a period of 180 days. Issuance of a permit does not authorize any work in public right-of-way or on utility easements.

I hereby certify that as a contractor I am currently registered and properly licensed as defined in RCW 18.27 or as a property owner I am exempt from the requirements of the contractor registrations and will do all my own work or use properly licensed subcontractors in connection with the work to be performed under this permit. I hereby certify that I have read and examined this application and know the same to be true and correct, and if any of the information provided is incorrect, the permit or approval may be revoked.

Signature of Owner/Authorized Agent

Date

STREET & UTILITY CONSTRUCTION DRAWING

Project Address: _____

Contractor Name: _____ **Phone:** _____

Please include drawing of work to be done and traffic control plan below: