

Pend Oreille County

Community Development Department

P. O. Box 5066 Newport, Washington 99156-5066 Phone: 509-447-4821

Rick Cruse

Building Inspector/Fire Marshall

Dennis Alliger

Building Inspector/Permit Tech

FIREPLACE/MECHANICAL PERMIT APPLICATION

(CHECK ALL THAT APPLY)

☐ HVAC Mechanical ☐ Fireplace ☐ Hot water heater ☐ Other (write in work detail)

WORK DETAIL

Project Description:

JOB SITE INFORMATION

Fire District: Floodplain ☐ YES ☐ NO Critical Areas/Wetlands ☐ YES ☐ NO

Site Address:

Geo. ID or Property ID Number:

Subdivision:

Lot:

Legal Description:

PROPERTY OWNER CONSENT INFORMATION

Are you the property owner? ☐ Yes ☐ No

If you are not the property owner, you are required to submit a completed Landowner/Agent Consent Form.

BUILDING OWNER/APPLICANT

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

GENERAL CONTRACTOR

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Contractor License #:

ADDITIONAL INFORMATION

PERMIT FEES*

The fee total for this application is \$114.50. Permits are valid for one year from issue date and may be renewed for \$55.00 per year for a total of four additional times (maximum five years). Payment is to be made payable to "Pend Oreille County", or "POC" (cash or check only). Applications may be delivered to the Community Development Department at: 418 S. Scott Ave, Newport, WA 99156; or mailed to: P.O. Box 5066 Newport, WA 99156. Payment is required to be attached to the application upon submittal.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does **not** presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performances of construction.

Signature:

Date:

PEND OREILLE COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
418 S. Scott Avenue
P.O. Box 5066
Newport, WA 99156
(509) 447-4821
pendoreilleco.org



LANDOWNER/AGENT CONSENT FORM

I (we), the undersigned owner(s) of record of *(geographic ID or property ID)* _____
located at *(physical address)* _____, consent to and authorize
(agent name) _____ to act on my behalf for the purposes
of obtaining approval for *(development type)* _____
submitted to Pend Oreille County.

I (we), as the landowner(s) of the above described property understand and agree to the following:

- I (we) am/are the legal owner(s) of the subject property and may act on behalf of any and all interested parties, financial and otherwise.
- I (we) am/are responsible for all activities occurring on the subject property to which an application is made.
- That Pend Oreille County, its officers, and staff shall not be held liable for any activities arising from the actions of the above named agent.

Owner Contact Information

Property Owner(s): _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

Applicant Information

Authorized Agent: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____

APPLICANT SIGNATURE(S)

I certify that the information contained on this application is true, complete, and accurate to the best of my knowledge. I understand that the information will be used by Pend Oreille County for determining whether this proposal meets all development requirements.

PROPERTY OWNER

DATE: _____

AGENT/PRIMARY CONTACT

DATE: _____