



Building Permit Application

City of Battle Ground
 Community Development
 109 SW 1st Street, Suite 127
 Battle Ground, WA 98604
 Phone: (360) 342-5046 | Fax: (360) 342-5049
www.cityofbg.org

****Separate mechanical & plumbing permit applications required for commercial permits****

| DEPARTMENT USE ONLY | |
|---------------------|------------|
| Date Received: | Receipt #: |
| Permit #: | |
| ROW #: | UTL# |

| TYPE OF WORK | | |
|--|-------------------------|---------------|
| New Construction | Addition/Remodel | Reroof/Reside |
| Plumbing | Mechanical | Irrigation |
| Fence | Other (specify): | |
| CATEGORY OF CONSTRUCTION | | |
| 1 & 2 Family Dwelling | Commercial/Multi-Family | |
| Accessory Structure | Other (specify): | |
| DESCRIPTION OF WORK | | |
| | | |
| JOB SITE LOCATION | | |
| Project Address or Tax ID: | | |
| Subdivision: | Lot # | |
| PROPERTY OWNER | | |
| Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Phone: | Email: | |
| CONTRACTOR | | |
| Business Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Phone: | Email: | |
| WA State Contractor's License # | | |
| SUB-CONTRACTORS | | |
| Plumbing: | Mechanical: | |
| Contractor's License # | Contractor's License # | |
| Phone: | Phone: | |
| APPLICANT | | |
| Company Name: | | |
| Contact Name: | | |
| Address: | | |
| City, State, Zip: | | |
| Phone: | Email: | |
| REQUIRED SIGNATURES | | |
| I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices. | | |
| Owner's Signature: | Date: | |
| Applicant's Signature: | Date: | |

| 1 & 2 FAMILY DWELLINGS & ACCESSORY STRUCTURE | | | |
|---|-------------|--|----------------------|
| Building sq. ft. | | | |
| 1 st Floor sq. ft. | | | |
| 2 nd Floor sq. ft. | | | |
| Garage sq. ft. | | | |
| Covered porch/Deck area sq. ft. | | | |
| *Valuation | | | |
| COMMERCIAL/MULTI-FAMILY | | | |
| New Building sq. ft. | | | |
| Tenant Improvement sq. ft. | | | |
| Number of units | | | |
| Type of construction | | | |
| Occupancy type | | | |
| *Valuation | | | |
| <i>*Permit fees are based on the value of work performed. Indicate the value for labor and materials such as electrical, gas, mechanical, plumbing & other systems for the work indicated on this permit.</i> | | | |
| Type of heat: | Gas Furnace | Electric Furnace | Electric Wall Heater |
| PLUMBING INFORMATION | | | |
| Water Meter Size | 5/8" | Other (specify): | |
| ITEM | QTY | ITEM | QTY |
| Each plumbing fixture | | Repair/alt drain vent piping | |
| Water connection | | Graywater system | |
| Sewer connection | | Medical gas (1 to 5) outlet | |
| Rainwater system | | Add. Medical piping | |
| Industrial pretreatment interceptor | | Boiler system (electric) | |
| Grease trap/inter | | Gas-piping (1-5 outlets) | |
| Install/Alt water piping | | Each addition gas outlet | |
| Other (specify) | | | |
| MECHANICAL INFORMATION | | | |
| ITEM | QTY | ITEM | QTY |
| Furnace – BTU size | | Hood | |
| Fuel gas vents | | Free standing stove | |
| Add/Alt HTG/Cool appliance | | Fireplace insert | |
| Boilers/compressor – HP size (Ductless) | | Gas fireplace | |
| Air handlers <10,000 cfm (Ductless) | | Each gas-piping system (first 5 outlets) | |
| Vent fan to single duct | | Each additional gas-piping system | |
| Ventilation system not a porting of heating/AC system | | Water heater | |