



CHENEY PLANNING DEPARTMENT

ZONING PLACEMENT PERMIT

112 ANDERSON RD., CHENEY, WA 99004

(509) 498-9240 FAX: (509) 498-9249

PERMIT No: ZON2017-_____

FENCE PERMIT ACCESSORY STRUCTURE MONUMENT SIGN

JOBSITE ADDRESS (REQUIRED)								
APPLICANT		ADDRESS		CITY, ST, ZIP		PHONE #		
OWNER OF BUILDING		ADDRESS (If different than above)				CITY, ST, ZIP		PHONE#
PRIMARY CONTRACTOR		ADDRESS		CITY, ST, ZIP		PHONE #		LICENSE No.
ARCHITECT/DESIGNER		ADDRESS		CITY, ST, ZIP		PHONE#		
BLDG USE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX / MULTI-FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> CHURCH <input type="checkbox"/> CSD <input type="checkbox"/> EWU <input type="checkbox"/> CITY (MARK ONE):								
CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE								
DESCRIBE WORK:								
SQ FT.	MAIN	BASEMENT / STRG.	DECK	PORCH	OTHER	GARAGE	TOTAL	LOT SIZE
USE ZONE					No. PARKING SPACES EXISTING _____ REQUIRED _____ FIRE SPRINKLERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
VALUATION OF WORK: \$					BASIC PERMIT FEE:		\$	
					SIGN REVIEW:		\$	
					TOTAL ZONING PERMIT FEES		\$	

NOTICE: SEPARATE APPLICATIONS ARE REQUIRED FOR BUILDING, ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. PLEASE CONTACT CHENEY PLANNING DEPARTMENT (509) 498-9240 FOR FINAL INSPECTION. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. 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 STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

(SIGNATURE OF APPLICANT OR BUILDING OWNER) **(DATE)** **(CONTRACTOR SIGNATURE)** **(DATE)**

EMAIL: _____ EMAIL: _____