

CONFEDERATED TRIBES OF THE COLVILLE RESERVATION
Public Works & Utilities Department – POBox 150 – Nespelem, WA 99155
Phone# (509) 634-2828 or 634-2811
FAX# (509) 634-2813

Permit No. _____ Valuation \$ _____ Building Permit Fee _____

OWNER

Name _____
Address _____
City _____
Phone _____

CONTRACTOR

Name _____
Address _____
City _____
Phone _____

Class of Work: NEW ADDITION ALTERATION REPAIR MOVE DEMOLITION
Mobile Home: NEW USED SINGLE-WIDE DOUBLE-WIDE
Location – Street Address: _____ Lot No. _____ Block No. _____
Lot Size: _____ X _____ **TYPE OF STRUCTURE:** WOOD METAL MASONRY/CONCRETE OTHER

PLOT PLAN: Draw sketch with dimensions showing sidewalk

GENERAL INFORMATION: (Yes or No)

1. Will there be construction changes? _____
2. Will there be any mechanical
(duct or vent) work? _____
3. Will there be any plumbing changes? _____
4. Will this be a multi-family structure? _____
5. Will excavation be necessary? _____
6. Will there be electrical work? _____

It is the duty of the person doing the work authorized by permit to notify the building official that such work is ready for inspection. See other side for requirements.

DESCRIPTION OF WORK

For all work not requiring plans, a complete description of all work to be done and size of all structural members, joists, girders, studs, etc. must be stated below (in as few words as possible).

PERMITS WILL INCLUDE ONLY SUCH WORK AS ABOVE STATED

I hereby certify that the work to be done (does) (does not) involve or affect the supporting walls, piers, columns, beams, girders, or bearing partitions and that no other work is to be done except as given in above description, plans, and specifications. I hereby apply for a permit to do work described above and acknowledge that I have read this application and hereby certify that the above information is correct.

Signature of Owner or Agent: _____ **Date:** _____
Planning Commission – Date: _____ **Recommendations:** _____
Colville Tribal Council Action: _____ **Permit Issued:** _____

BUILDING PERMIT

DATE ISSUED _____ PERMIT # _____

OWNER _____

CONTRACTOR _____

TAX PARCEL# _____

SITE LOCATION _____

DESCRIPTION OF WORK _____

Permission is hereby granted to do the work described above, according to the approved plans and specifications outlined on the corresponding Building Permit Application.

Permit becomes Void if construction has not started within 12 months of issuance OR if work is suspended for more than 180 days unless a written request for an extension is received.

This permit is subject to compliance with any Colville Tribal Ordinances or Resolutions that may be applicable.

Stop work orders may be issued if construction does not conform to approved plans. Call the Building Department when you are ready for an inspection: 509 634-2828 or 634-2811

Certified Colville Tribal Building Inspectors

REQUIRED INSPECTIONS

	Date	Comments
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1. Footing	_____	_____
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2. Slab/Slab Insulation	_____	_____
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3. Framing	_____	_____
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4. Plumbing/Mechanical	_____	_____
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5. Insulation	_____	_____
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6. Air Sealing	_____	_____
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7. Dry Wall	_____	_____
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8. Energy	_____	_____
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9. Lighting/Switching	_____	_____
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10. Ventilation	_____	_____
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FINAL: Certificate of Occupancy	_____	_____
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