



Inspection Services | Building Division

525 N 3rd Ave, Pasco, WA 99301

P: 509.543.5726

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FOR STAFF USE ONLY

PERMIT # 1824-1952

Residential Construction Permit Application

Site Address: <u>1718 N 9th Ave, Pasco WA 99301</u>		Project/Construction Valuation: \$ <u>105,000</u>
Parcel No.: <u>113381127</u>	Number of Units: <u>1</u>	Sq. Ft. of Area Being Modified: <u>864</u>
Applicant is (check one): <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Other: _____		
Legal Property Owner: <u>Elvia Ruelas (Jimenez)</u>		Phone No.:
Mailing Address: <u>1718 N 9th Ave Pasco WA 99301</u>		Email:
Contractor: <u>Tri-Cities Restoration DBA/ Servpro</u>		Phone No.: <u>(509) 943-9290</u>
Address: <u>7500 W Yellowstone Ave Kennewick, WA 99336</u>		Email: <u>Dsmith@servprotr.com</u>
State Contractors License #: <u>TRICIRL809N1</u>		Pasco Business License #: <u>36950</u>
Architect/Designer:		Phone No.:
Address:		Email:
Description of Work (select multiple items if applicable):		
<input type="checkbox"/> Addition to Garage <input type="checkbox"/> Hot Tub <input type="checkbox"/> Sewer Connection <input type="checkbox"/> Addition to Home <input type="checkbox"/> Mechanical <input type="checkbox"/> Shed <input type="checkbox"/> Concrete/Flat Work <input type="checkbox"/> Patio Cover <input type="checkbox"/> Siding Replacement <input type="checkbox"/> Deck <input type="checkbox"/> Pergola <input type="checkbox"/> Stucco (Provide Stucco Type Below) <input type="checkbox"/> Demolition <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pool (depth greater than 24") <input type="checkbox"/> Detached Garage/Shop <input checked="" type="checkbox"/> Remodel/Renovation <input type="checkbox"/> Water Connection <input type="checkbox"/> Fence <input type="checkbox"/> Roof (Provide Roof Type Below) <input type="checkbox"/> Window/Door Replacement <input type="checkbox"/> Other (Use description box below)		
If connected to septic system provide location of septic tank, drain field and secondary field. Information must be obtained from the Benton/Franklin Health Department.		
Provide a detailed description of the scope of work:		

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code and ordinances governing this type of construction work, including state contractor registration laws. I understand that, once accepted, this permit application is valid for 30 days. If the permit is not obtained within 30 days, the permit application and all submitted building and site plans will be discarded.

Applicant Name (Please Print) Michael Hazel
Applicant Name Signature *Michael Hazel* Date 8/7/24