



Building Division
 525 N 3rd Ave, Pasco, WA 99301
 P: 509.543.5726
www.pasco-wa.gov | permittech@pasco-wa.gov

FOR STAFF USE ONLY	
PERMIT#	

New Home Construction Permit Application

Permit Type (check one): <input type="checkbox"/> Single Family Dwelling Unit <input type="checkbox"/> Two Family Dwelling Unit		
Site Address:		Parcel No.:
Legal Description:		
Applicant is (check one): <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/> Other: _____		
Site Contact Name:	Phone #:	Email:
Legal Property Owner:		Phone No.:
Mailing Address, City, Zip Code:		Email:
Contractor:		Phone No.:
Mailing Address, City, Zip Code:		Email:
State Contractors License #:		Pasco Business License #:
Architect:		Phone No.:
Mailing Address, City, Zip Code:		Email:
Please list any accessory structures in addition to the home that are to be included with this permit such as pool, shed, fence, etc...) Construction details and placement must be shown for review and approval prior to construction:		
1 st Floor _____ sq ft	Garage _____ sq ft	# of Bedrooms _____
2 nd Floor _____ sq ft	Deck _____ sq ft	# of Bathrooms _____
Basement _____ sq ft	Covered Patio/Porch _____ sq ft	# of Stories _____
Finished Basement <input type="checkbox"/> Un-Finished Basement <input type="checkbox"/>	Including Fence? <input type="checkbox"/> YES <input type="checkbox"/> NO	# of Units _____
Total Living Area _____ sq ft	Type of Fence: _____	
Are you requesting a Water and/or Sewer Application? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
If yes, who should the bill be sent to during the course of construction? <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor		
When the water meter is set, do want to defer account activation by having it locked off? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Select the dust control method that will be used. The approved methods of dust control are as follows:		
<input type="checkbox"/> Hydro-seed <input type="checkbox"/> Chemical/Physical Soil Binder <input type="checkbox"/> Sprinklers <input type="checkbox"/> Contract with _____ for water truck		
Select the litter control measures that will be in place for the duration of construction:		
<input type="checkbox"/> Onsite Container through _____ <input type="checkbox"/> Contract with BDI <input type="checkbox"/> Provide own trailer and haul daily as necessary		

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) _____

Applicant Signature _____ Date _____



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Required Residential Landscaping & Dust Control

Installation Certification

By my signature hereon **I hereby certify** that I have been advised of the City of Pasco's minimum landscaping (live vegetation) and dust control requirements regarding the property located at the below noted site address.

Certification for _____ located in Pasco, WA.
(Site Address)

I further certify that, at the time of final inspection, all excavated and disturbed areas of the lot shall be treated with a sprayed on dust control tacking or matting certified to last at least 120 days from the date of the application and, **that the required live vegetation and underground irrigation in the front yard, and the landscaping cover to prevent airborne dust in the rear and side yards***, shall be installed no later than **90 days from issuance of Certificate of Occupancy**, and should the above noted property be sold before the required live vegetation and irrigation (and grassy drainage swale if applicable) is installed, I shall disclose said residential landscaping and dust control requirements to the property purchaser by providing a copy of this agreement thereto, prior to closing of the sale.

I further certify that if the required landscaping/live vegetation is not installed by the date set forth herein, the property owner at that time shall be found in violation of the Pasco Municipal Code and a citation will be issued therefore, for which the property owner may be penalized with monetary penalties up to five hundred dollars (\$500.00) per day, for each day the violation exists.

***Rear and side yards in residential districts do not require live cover or underground sprinklers. However, the rear and side yards must be treated with a cover that prevents airborne dust such as pea gravel, bark, decorative, etc...)**

Signature: _____ **Date:** _____
Property Owner / Developer / Contractor

cc: Building Permit File



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Required Sub-Contractors List

List all of your sub-contractors below with information requested for each business.

	Sub-Contractor	Company Name	STATE CONTRACTORS LICENSE#	CITY OF PASCO BUSINESS LIC #
1	Foundation:			
2	Framing:			
3	Plumbing:			
4	Mechanical:			
5	Electrical:			
6	Insulation:			
7	Sheetrock:			
8	Landscape:			
9	Other:			
10	Other:			