

CITY OF WENATCHEE COMMERCIAL PERMIT APPLICATION DEPARTMENT OF COMMUNITY DEVELOPMENT 1350 MCKITTRICK ST., SUITE A WENATCHEE, WA 98801 Building Department (509) 888-3244 Inspection Line (509) 888-3263 Fax (509) 888-3201		DATE APPLIED	
		PERMIT NO.	
JOB SITE ADDRESS:		JOB SITE PHONE	
LEGAL DESCRIPTION:		PARCEL NO.	
NATURE OF WORK:		VALUATION (LABOR AND MATERIALS) \$	
TYPE OF WORK: <input type="checkbox"/> New Commercial <input type="checkbox"/> Commercial Addition <input type="checkbox"/> Commercial Alteration <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other _____ BUSINESS NAME: _____ OCCUPANCY TYPE: _____			
APPLICANT'S NAME:		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
OWNER'S NAME:		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
CONTRACTOR'S NAME: (copy of contractor's registration card required):		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
CONTRACTOR'S LICENSE NUMBER:	EXPIRATION DATE:	CITY BUSINESS LICENSE NUMBER:	EXPIRATION DATE:
ARCHITECT/DESIGNER'S NAME:		CONTACT NAME: _____	
		PRIMARY PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		ALT PHONE: () _____	
		EMAIL: _____	
LENDING AGENCY / CONTRACTOR'S BONDING FIRM: (If applicable, per RCW 19.27.095)		CONTACT NAME: _____	
		PHONE: () _____	
MAILING ADDRESS: (STREET, P.O., CITY, STATE, ZIP)		<input type="checkbox"/> Cash <input type="checkbox"/> Check No. : _____ Plan Check Fee: \$ _____ Receipt No: _____ <i>We only accept check or cash payments</i>	
Is structure fifty years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure on a historic register? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure in a historic district? Yes <input type="checkbox"/> No <input type="checkbox"/> Is structure in Central Business District? Yes <input type="checkbox"/> No <input type="checkbox"/>			
By signing below, I certify that the information provided with this application herein is true and accurate. I further certify that any and all work performed shall be done in accordance with the ordinances and laws of the City of Wenatchee.			
_____		_____	
Applicant Signature		Authorized Agent Signature	
_____		_____	
Print Name		Print Name	

PERMIT APPLICATIONS ARE ACCEPTED MONDAY - FRIDAY FROM 8:00 AM TO 4:30 PM. FEES ARE COLLECTED AT THE TIME OF PERMIT SUBMITTAL. PLEASE BRING CASH OR CHECK, AS WE DO NOT ACCEPT CREDIT CARD PAYMENTS.