



Downtown Catalyst Incentive Application

Community Development Department

625 S College Avenue, College Place, WA 99324 (509)529-1200 planbuild@cpwa.us

PROJECT LOCATION:				DATE RECEIVED:			
Site Address:							
Parcel Number:							
PROPERTY OWNER:							
Name:				Day Phone:			
Mailing Address:							
E-mail:				Cell Phone:			
APPLICANT:							
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other							
Name:				Day Phone:			
Mailing Address:							
E-mail:				Cell Phone:			
CONTACT PERSON:							
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other							
Name:				Day Phone:			
Mailing Address:							
E-mail:				Cell Phone:			
DESIGN PROFESSIONAL:							
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> Other							
Name:				Day Phone:			
Mailing Address:							
E-mail:				Cell Phone:			
CONTRACTOR:							
Name:				Day Phone:			
Mailing Address:							
E-mail:				Cell Phone:			
Contractor License No:				Expiration Date:			
Business License No:				Expiration Date:			
TO BE COMPLETED BY STAFF:							
Department	Date Approved	Authorized by:	Department	Date Approved	Authorized by:		
Planning			Fire				
Public Works			Building				
Engineering							
Occupancy Classification(s):			Type Construction:				
Setbacks:	FRONT: _____	SIDES: _____ / _____	REAR: _____	Critical Areas Present:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.24.020 Minor Project Amendment Approved				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Site Plan Fee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage:	_____ Sq. Ft. /	_____ Lot size	= _____	Max lot coverage (not to exceed 35%)			

Property Address:					
PROJECT INFORMATION:					
Description of Work:					
Project Valuation (Based on Fair Market Value of Labor and Materials):					
Existing Use:		Proposed Use:			
Total Existing Area (sq./ft.)			Total New Area (sq./ft.)		
Lot Size:		First Floor Sq. Ft.			
Building Type:		Type of Project:		Second Floor Sq. Ft.	
<input type="checkbox"/>	RESIDENTIAL	<input type="checkbox"/>	New	<input type="checkbox"/>	Repair
<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Other
<input type="checkbox"/>	MULTI-FAMILY	<input type="checkbox"/>	Addition		
<input type="checkbox"/>	PUBLIC	<input type="checkbox"/>	Accessory		
<input type="checkbox"/>	MFH	<input type="checkbox"/>	Tenant Improvement		
Fire Sprinkler		<input type="checkbox"/> Yes <input type="checkbox"/> No			
LENDER INFORMATION: Self-Financed <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you checked "NO" - Information must be provided for projects valued over \$5,000 per RCW 19.27.095.					
Name of Lender (or) Bonding Company:			Phone No:		
Complete Address:					
PERSON PERFORMING THE WORK:					
<input type="checkbox"/>	I am currently registered and properly licensed as a CONTRACTOR or SPECIALTY CONTRACTOR as defined under RCW 18.27.010 and 18.27.110 and am legally qualified to perform the work sought by this permit; or				
<input type="checkbox"/>	I am an AUTHORIZED AGENT of the property owner and all work will be done by a properly licensed contractor or a specialty contractor as defined under RCW 18.27.010 and 18.27.110 and is legally qualified to perform the work sought by this permit; or:				
<input type="checkbox"/>	I am EXEMPT from the requirements of the Contractor Registration laws, per RCW 18.27.090 , and will abide by all provisions and conditions of the exemption as stated. I will do all of my own work or use all registered and licensed contractors and/or specialty contractors in connection with the work to be performed under the permit applied herein.				
For information about Contractor Licensing and Registration Requirements, please contact the Washington State Department of Labor & Industries at 1-800-647-0982 (or) www.lni.wa.gov (or) www.lni.wa.gov/TradesLicensing/Contractors/HireCon/ .					
APPLICANT CERTIFICATION:					
* I certify that I am the owner of the property described above (or) the owner(s) authorized agent and I have been given express permission by the owner(s) of the property to submit this application for permit and that I am authorized by the owner(s) of this property to perform the work for which the application is made and I comply with the requirements of the Washington State Contractors Act, per RCW 18.27. I certify that to the best of my knowledge, the information submitted in support of this permit application is true and correct. I certify that I will comply with all applicable City of College Place state and federal regulations and laws pertaining to the work authorized by the issuance of a permit. I understand that issuance of this permit does not remove the owner's responsibility for compliance with state or federal laws regulating construction, land use or environmental laws.					
Signature of Applicant: Owner (or) Authorized Agent			Date:		
Print Name:					
<u>NOTICE:</u> An application for a permit for any proposed work shall be deemed to have been abandoned (and expire) 180 days after the date of filing unless such application has been pursued in good faith or a permit has been issued.					