## CITY OF SNOQUALMIE STANDARDIZED PERMIT APPLICATION

## BUILDING PERMIT APPLICATION

BASIC PLAN NUMBER:

(Office Use Only) DATE RECEIVED:	
APPLICATION NUMBER:	

AITEIOATION		
Please print clearly in blue or black ink only. Leave no spaces blank. Enter N/A in areas that do not apply to your project.		
PROJECT ADDRESS: 38767 SE River St., Snoqualmie		
BRIEF DESCRIPTION OF WORK: Build a 31x23 outdoor covered patio with a tin roof.		
APPLICANT INFORMATION	DESIGNER INFORMATION	
□ <u>owner</u> □ <u>contractor</u> □ <u>other</u>	□ ARCHITECT □ DESIGNER □ ENGINEER	
NAME: Adolfo Santandrea	NAME:	
ADDRESS: 34609 SE Carmichael Loop	ADDRESS:	
CITY/STATE/ZIP: Snoqualmie, WA 98065	CITY/STATE/ZIP:	
PHONE #: ( 310) 613-6319 FAX #: ( ) FAX #: ( ) FAX #: ( )		
CELLULAR OR PAGER #:	E-MAIL ADDRESS:	
PROJECT CONTACT PERSON: Nancy Santandrea	PHONE #: (_425_)428-9396 FAX #: ()	
ADDRESS: 34609 SE Carmichael Loop, Snoqualmie	E-MAIL ADDRESS : adolfo@wstonerestoration.com	
☑ CONTRACTOR	OWNER-BUILDER	
COMPANY NAME: Whitestone Restoration	PHONE #: (310 ) 613-6319 FAX #: ()	
STATE LICENSE#: CC Whiter*805JM	ADDRESS: 34609 SE Carmichael Loop	
EXPIRATION DATE: 4/14/2024	CITY/STATE/ZIP: Snoqualmie, WA 98065	
BUSINESS LICENSE #: 604598622	E-MAIL: adolfo@wstonerestoration.com	
PROPERTY INFORMATION	LENDING OR BONDING INFORMATION	
ASSESSOR'S PARCEL NUMBER:	Required if a job specific bond equal to at least 50% of the project is acquired or if a lender has security interest in this project.	
LOT: BLOCK: SUBDIVISION:	NAME OF INSTITUTION:	
USE ZONE: FLOOD ZONE:	ADDRESS:	
LEGAL DESCRIPTION:	CITY/STATE/ZIP:	
	PHONE: ()	
I certify that I have read this application and state that the above information is correct. I further certify that I am the legal owner or am an authorized owner's agent of the property described above. I agree to comply with all city and state laws relating to building construction and hereby authorize representatives of the City of Snoqualmie to enter upon the above-mentioned property for inspection purposes.		
SIGNATURE OF OWNER OR AGENT: Nancy Santan	DATE: 11/30/2022	
PLEASE PRINT NAME: Nancy Santandrea	Office Use Only INTAKE INITIAL:	

BUILDING PERMIT APPLICATION WORKSHEET			
PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.			
TYPE OF CONSTRUCTION: Ne	W OCCUPANCY:	FIRE SPRINKLERS ☐ YES ☒ NO	
EXISTING CSE FROF CSED CSE			
ESTIMATED FAIR MARKET VALUE OF WORK: \$ \$20,000 (DO NOT INCLUDE COST OF LAND OR SITE DEVELOPMENT)			
DESCRIPTION OF WORK: (PLEASE MARK AND FILL IN ALL THAT APPLY)			
	NONRESIDENTIAL	☐ <u>RESIDENTIAL</u>	
☑ NEW BUILDING □	SWIMMING POOL/ SPA	☐ DEMOLITION ☐ COMBINATION PERMIT	
☐ MOVE BUILDING ☐	J sign	☐ CHIMNEY REPAIR ☐ PLUMBING	
☐ TENANT IMPROVEMENT ☐	FIRE REPAIR	☐ SEISMIC RETROFIT ☐ MECHANICAL	
☐ ADDITION ☐	DRY ROT REPAIR	☐ FOUNDATION ONLY ☐ FIRE SPRINKLER	
☐ ALTERATION ☐	FLOOD REPAIR	☐ FILL AND GRADING	
BRIEF PROJECT DESCRIPTION:  Build a 31x23 outdoor covered patio with a tin roof.			
TOTAL BUILDING AREA:  BUILDING HEIGHT:  NUMBER OF STORIES:  WATER METER SIZE:  SIDE SEWER SIZE:  SIDE SEWER MATERIAL:	CHURCH/ ASSER  ACCESSORY BU RETAIL  EDUCATIONAL COMMERCIAL S  SQ. FT. FIRST S  SQ. FT. SECON SQ. FT. THIRD S FT. UNFINI FINISH INCHES ATTAC INCHES DECKS	APARTMENT  CONDOMINIUM  TOWNHOUSE  NUMBER OF DWELLING UNITS:  STORY: STORY: SQ. FT. STORY: SQ. FT. STORY: SQ. FT. SHED BASEMENT: SQ. FT. ED BASEMENT: SQ. FT. HED GARAGE: SY PORCHES: SON TOWNHOUSE  NUMBER OF DWELLING UNITS: SQ. FT.	
APPLICATION #:  ROUTE TO: COMMERCIAL PL RESIDENTIAL PL SUPPLIMENT TO BUILDING PERMIT: BUILDING PERMIT #: PLANS REQUIRED: SUBJECT TO FIELD INSPECTION:		intake staff initials	