

PLAN CHECK VALIDATION

M.O.

CITY OF RITZVILLE

Date	
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2 Javille		NICAL PERMI			PERMIT N	o. _M 0 ⁻		•
Washingi	08	MOME I EINM			•			
pplicant to complete nu JOB ADDRESS	impered spaces only.				REC. #			
		77407			(□ SEE ATTAC	PUED SUCETI		
LOT NO. LEGAL	BLK	TRACT			(C) SEE ALIAC	SHED SHEET)		
DESCR OWNER		MAIL ADDRESS		ZÌP	PHONE			
CONTRACTOR			PHONE	LICENSE NO.				
ARCHITECT OR DESIGNER MAIL ADDRESS				PHONE	LICENSE NO.		·	
MOIMED ON DESIGNAT.								
ENGINEER		MAIL ADDRESS		PHONE	LICENSE NO.			
					BRANCH			
LENDER		MAIL ADDRESS			BRANGE			
USE OF BUILDING								
0)	NEW AD	DITION ALTERA	TION	☐ REPAIR □	MOVE	REMO'	VΕ	
Class of Work:								_
Describe Work:								
			Type o	f Fuel: Oil	☐ Natural Ga	as 🗆 LF	G.	
			13500					
•				PEI	RMIT FEES			
			No.	Туре	of Equipment		F	ees
			-	Forced Air Systems - B	tu/h M.Ea.		\$	
				Gravity Systems - Btu/	M Ea.			
				Floor Furnaces				_
PECIAL CONDITIONS:			<u></u>	wall Heaters				1
	<u> </u>		<u> </u>	Unit Heaters				4
				Gas-fired A.C. Units - F	Btu/h			
			<u> </u>	Air-conditioning Units -	Нр Еа,			
	DI ANE CHECKED DV	ADDROVED FOR ICOLIANCE BY		Refrigeration Units - H	Ea.			
APPLICATION ACCEPTED BY	PLANE CHECKED BY	APPROVED FOR ISSUANCE BY		Boilers - Hp Ea.				
			_	Air-handling Unit	C.F.M	<u> 1</u>		
NOTICE				Evaporative Coolers				
				Ventilation Fan				
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR				Range Hood				
				Incinerator				
ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK				Clothes Dryers				
S COMMENCED.								
HEREBY CERTIFY THAT	HAVE READ AND EXAMI	INED THIS APPLICATION AND L PROVISIONS OF LAWS AND						
RDINANCES GOVERNIN	G THIS TYPE OF WORK	K WILL BE COMPLIED WITH				Permit fee	\$	
WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS						State Fee	\$	
OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.						Total Fee	\$	
FILE OUNDAME OF COMP								
SIGNATURE OF CONTRAC	TOR OR AUTHORIZED AG	GENT (DATE)	BUILDI	NG INSPECTOR			(DATE)	
		•						
SIGNATURE OF OWNER (I	E OWNER BUILDER)	(DATE)	CLERK				(DATE)	
TOTAL OF OWNER (PROPERLY VALIDATED (IN			MIT		<u>:</u> .	
PLAN CHECK VAL		M.O. CASH		MIT VALIDATION	CK.	M.O. (CASH	