



City of Airway Heights
 1208 S. Lundstrom Street
 Airway Heights, WA 99001
 Phone (509) 244-5514
 Fax (509) 413-1382
 www.cawh.org

(STAFF USE ONLY)	
PERMIT NUMBER:	_____
PERMIT FEE:	_____
CITY BUSINESS LICENSE #:	_____

PUBLIC WORKS PERMIT APPLICATION

TYPE OF WORK (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Water Application
<input type="checkbox"/> Water Permit
<input type="checkbox"/> Water General Facility Charge
Meter Size: _____
<input type="checkbox"/> Irrigation General Facility Charge
<input type="checkbox"/> Potable Meter Size: _____
<input type="checkbox"/> Reclaimed Meter Size: _____
<input type="checkbox"/> Sewer Application
<input type="checkbox"/> Sewer Permit
<input type="checkbox"/> Sewer General Facility Charge | <input type="checkbox"/> Backflow Inspection/Test
<input type="checkbox"/> Backflow Filing Fee
<input type="checkbox"/> Clearing Permit
<input type="checkbox"/> Grading Permit (<i>Cubic Yards</i>)
Cut: Fill:
<input type="checkbox"/> Encroachment Permit
<input type="checkbox"/> Open Street Cut Permit
<i>Linear Feet of Cut:</i>
<input type="checkbox"/> Street Boring Permit
<i>Linear Feet of Bore:</i> | <input type="checkbox"/> Street Access Permit

<input type="checkbox"/> Traffic Impact Fee

<input type="checkbox"/> Park Impact Fee (<i>No of Units</i>)
0-1 Bedroom: _____
2 Bedroom: _____
3 Bedroom: _____
Single Family Residential:
<input type="checkbox"/> Other |
|--|---|---|

Description of Work: _____

JOB SITE INFORMATION

Site Address: _____ City: _____ State: _____ Zip: _____
 Parcel Number: _____ Subdivision: _____ Lot: _____ Block: _____

PROPERTY OWNER CONSENT INFORMATION

Are you the property owner? Yes No
 If you are not the property owner you will need to submit a completed Landowner/Agent Consent Form.

BUILDING OWNER/APPLICANT

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

CONTRACTOR

Name: _____
 Field Contact: _____ Cell Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Business Phone: _____ Fax: _____
 Contractor License #: _____ UBI: _____

ENGINEER

Name: _____
 Project Contact: _____ Phone: _____ Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____

NOTICE

All plans and specifications to be prepared by an Engineer licensed in the State of Washington unless specifically authorized by the Public Works Director. All projects shall be designed in accordance with City of Airway Heights Public Works Standards and any additional standards and specifications as adopted. This application for a permit shall be deemed abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued. The Public Works Director is authorized to grant an extension, the extension shall be requested in writing and justifiable cause demonstrated. Fees are established by City Council resolution and are subject to change.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performances of construction.

Signature: _____ Date: _____