

CASCADE FIRE PRE-BUILDING PERMIT INFORMATION

PROPERTY INFORMATION

Address: _____

Assessor's Parcel #: _____

Structure(s) Destroyed:

- Dwelling
- Barn
- Garage
- Other _____

Structure(s) Damaged:

- Dwelling
- Barn
- Garage
- Other _____

E.H. Certificate of compliance? Yes No

OWNER INFORMATION

Property Owner(s): _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Residing in RV on site? Yes No

Residing in an RV on site will expire on December 2018

Proposed Construction Information **One (1) sheet per structure please **

<p>Type of Building</p> <p><input type="checkbox"/> Single Family Dwelling</p> <p><input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Barn</p> <p><input type="checkbox"/> Other _____</p> <p>Type of Construction:</p> <p><input type="checkbox"/> Manufactured Home</p> <p><input type="checkbox"/> Wood Frame</p> <p><input type="checkbox"/> Steel</p> <p><input type="checkbox"/> Other _____</p> <p>Foundation</p> <p><input type="checkbox"/> Raised Floor</p> <p><input type="checkbox"/> Slab</p> <p><input type="checkbox"/> Soft set (MH)</p> <p><input type="checkbox"/> Permanent (MH)</p>	<p>Plan documents received</p> <p>3 sets plans</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Structural Calculations</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Truss Calculations</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Energy Calculations</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Plot plan</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Proposed Square Foot _____</p> <p>Number of Bedrooms _____</p> <p>Number of Bathrooms _____</p> <p>Number of floors / stories _____</p> <p>E.H. approval for use of existing septic system? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Applicant:</p> <p><input type="checkbox"/> Owner-Builder</p> <p><input type="checkbox"/> General Contractor</p> <p><input type="checkbox"/> Agent/ Authorized Rep:</p>
<p>_____</p>	<p>_____</p>	<p>_____</p>