

# PAVING PERMIT APPLICATION



PERMIT No.  
**#21-\_\_\_\_\_**

400 N Mill St  
PO Box 229  
Colfax, WA 99111  
(509) 397-3861  
Fax: (509) 397-3044

**Section 1** **Owner Information**

1. Project address: \_\_\_\_\_ 2. Owner's address: \_\_\_\_\_  
 3. Property owner: \_\_\_\_\_ 4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 5. Phone #: \_\_\_\_\_

**Section 2** **Contractor Information**

1. Contractor: \_\_\_\_\_ 2. Lic #: \_\_\_\_\_  
 3. Phone #: \_\_\_\_\_ 4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section 3** **Site Plan and Utilities**

**A site plan is required for this application to be processed. Please attach a detailed site plan to this application**

1. Have locations of utility lines been determined?

If no, has a locate request been processed?

**\*Please note that utility lines may be present at the project address listed on this permit. It is the permittee's responsibility to process a locate request before beginning any excavation. Failure to process a locate request may result in damage to utility lines. In accordance with section 15.36.080 of the Colfax Municipal Code, the permittee assumes all liability for any damages resulting from excavation, compaction, or any other work associated with this permit.**

**Section 4** **Permit Fee**

Area to be paved: \_\_\_\_\_ SF  
 Estimated value: \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
 Total Fee: \$ \_\_\_\_\_

Area To Be Paved	Permit Fee
< 5,000 SF	No Fee
> 5,000 SF	\$125

**By typing Name at *Permittee Signature*, I understand that a site plan containing the location and dimensions of the project site must be submitted with this application for permit to be issued. I am also aware that any work within the public right-of-way may require a separate permit from the Colfax Building Department prior to any work being performed. I understand that all work performed must be in compliance with the codes and ordinances of the City of Colfax, and as summarized in this permit.**

Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_

BCDA Signature: \_\_\_\_\_ Date: \_\_\_\_\_