

TOWN OF WOODWAY

23920 | 13th Place W. • Woodway, WA 98020 206.542.4443 • 206.546.9453 fax http://www.townofwoodway.com

Project #:
Building Permit #:
Date Received:

MASTER EARTHQUAKE VALVE PERMIT APPLICATION

Project Address:						
Parcel #: Property Size:					Zoning:	
Description of Work:				Value of Wor	·k:	
Property Owner(s)	Applicant					
Name:	Name:					
Mailing Address:	Mailing Address:					
City/State/ZIP:	City/State/ZIP:					
Phone Number:	Phone Number:					
Email:		Email:				
					<u></u>	
Print Name:		☐ Owner ☐ Contractor				
Signature:			Date:			
	Mechanica	l Contractor	ı			
Name:			State of WA L & I Contractor Registration			
Mailing Address:				Number:		
City/State/ZIP:				Expiration Date:		
Phone Number:				Town of Woodway Business License		
Email:			Number:			
Contact Name:				Expiration Date:		
AFFIDANT IN LIFE LOS CONTRACTOR RECICTRATION. Ell in only if you are not using a registered contractor.						
AFFIDAVIT IN LIEU OF CONTRACTOR REGISTRATION - Fill in only if you are not using a registered contractor.						
l,				, c	ertify that:	
 I understand that in accordance with RCW 18.2 State of Washington prior to issuance of a build exemptions stated under RCW 18.27.090 appl In order to provide verification to the Town of the exemptions from the registration requirements be exempt under Exemption No, and I understand that I may be waiving certain rights that I mit contractor to perform construction work. 	ing permit for lies. Woodway of ent of RCW I will therefore	work which is to be my compliance with 8.27.090, I consider a not be performed by	done by an this require the work and by a register	y contractor, un ment, I hereby a uthorized under ed contractor.	attest that after reading this building permit to	
Owner Signature:				- <u></u> Date:		
HOLD HARMLESS AGREEMENT				Date.		
By signing this application form, I attest that the information provided herein, and in any attachments is true and correct to the best of my knowledge. Any material falsehood or any omission of a material fact made with respect to this application packet may result in this permit being null and void. I, the undersigned, hereby certify that I have reviewed and understand all pertinent and applicable federal, state, county, and Town of Woodway laws, regulations, codes and requirements for the proposed project and that the project described in the permit application documents complies with these requirements. Now, therefore, I hereby agree as a condition of permit issue to hold harmless the Town of Woodway, its officers, agents and employees						
and to indemnify them from all liability, loss and expense employees may incur by reason of the issuance of such processes described under the permit documents including but not construction and issuance of certificates of occupancy, to applicant, his architects, engineers, agents or employees, documents, whether negligent or intentional.	, including rea permit and all of limited to pla the extent tha	sonable attorney's fe other acts taken by tl ns examination, issua at any such liability, lo	es, the Tow he Town of ance of perm oss and expe	n of Woodway, Woodway relat nit(s), inspection ense results from	, its officer, agents and ling to the work and approval of n any negligence of the	
I further agree to provide access and right of entry to the purpose of application review and any required later insp the Town in writing at the time of the application that he	ections. Staff's	s access and right of e				
I further certify that I am the owner, or contractor of the	property des	cribed in the permit	documents.			
Applicant Signature:				Date:		