



NISQUALLY INDIAN TRIBE
SINGLE OR MULTIFAMILY RESIDENTIAL NEW CONSTRUCTION

ALL INSPECTIONS REQUIRE A FINAL

SINGLE OR 2 FAMILY-ENTER SQUARE FOOTAGE	_____
NEW SERVICE OR LARGEST FEEDER	_____AMPS
ADDITIONAL FEEDER(S)	_____AMPS
ALTERED SERVICE OR FEEDER	_____AMPS
1 ST MH PARK/RV PARK MASTER SERVICE	_____AMPS
MANUFACTURED HOME	
CIRCUITS	_____NUMBER
TRIP FEES	
OUTBUILDING OR DETACHED GARAGE	_____AMPS
CLASS 2 OR 3 LOW VOLTAGE SYSTEMS	_____SQ FT
THERMOSTATS	_____NUMBER
HOT TUB, SPA OR SAUNA	
SEPTIC PUMPING SYSTEM	
SWIMMING POOL	
GENERATOR	
PROPERTY OWNER REW SAFETY INSPECTION	
PROGRESS INSPECTION	
TEMPORARY SERVICES OR FEEDER	_____AMPS
ADDITION TEMP SERVICES/FEEDER AT SAME SITE	_____AMPS
METER/MAST MAINTENANCE/REPAIR	



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TYPE OF PERMIT (check one) () Residential () Commercial

Project address _____ Parcel number _____

Lot number _____ Subdivision _____

Building area (sq. ft.) 1ST floor _____ 2nd floor _____ 3rd floor _____ Garage _____

If the application is for a low-voltage fire/burglar alarm, will there be a central station monitor _____

Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Phone _____

Cell phone _____ Fax number _____ E-mail _____

Scope of Work: Please also fill out the checklist on the back of this sheet if applicable

Contractor _____ Phone _____ Fax _____
Address _____ City _____ State _____ Zip _____
Contractor's License Number _____ Expiration _____
City Bus. Reg. _____

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington.

Applicant's signature _____ Date _____

Print Applicant's Names _____