



CITY OF
BRIER
ESTD 1965

PUBLIC WORKS APPLICATION

Permit No.: _____

Assoc. Permits.: _____

Instructions for Applicants

Please read and follow all instructions on your application carefully. Most permits require additional permit information such as worksheets, certifications, letters, reports or plans. Refer to the application forms for required information. Staff will not process incomplete applications. See the current Fee Schedule for a complete list of charges, available online. The City of Brier accepts check or cash only.

Permit Type

- | | | |
|---|---|---|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Sanitary Sewer, Public | <input type="checkbox"/> Side Sewer |
| <input type="checkbox"/> House Moving | <input type="checkbox"/> Sanitary Sewer, Septic * | <input type="checkbox"/> Stormwater Discharge |
| <input type="checkbox"/> Land Disturbing Activity | * Conditional Use Permit Required | <input type="checkbox"/> Stormwater Facility |
| <input type="checkbox"/> Right-of-Way Use | <input type="checkbox"/> Sanitary Sewer, Repair – Major | <input type="checkbox"/> Tree Removal – Major |
| <input type="checkbox"/> Right-of-Way Vacation | <input type="checkbox"/> Sanitary Sewer, Repair – Minor | <input type="checkbox"/> Tree Removal – Minor |

Please Print or Type Legibly

Description of Work:			
Proposed Start Date:		Proposed Completion Date:	
Site Address / Location:			
Subdivision:		Lot No.:	
Property Owner(s):		Phone:	
Address:		Cell:	
City:	State:	Zip:	Fax:
E-Mail:			
Contractor Name:		Phone:	
Address:		Cell:	
City:	State:	Zip:	Fax:
State Contractor's License No.:		City Business License No.:	
Contact Person, if different:		Phone:	
E-Mail:		Cell:	
Subcontractor Name:		Phone:	
State Contractor's License No.:		City Business License No.:	



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I certify that the information provided in this application, including all attachments, is true and correct to the best of my knowledge and that I am or represent the owner and am acting with the owner's full knowledge and consent. I understand that this application does not constitute approval of permits and/or work to be performed and that...

Initials

_____ ... It is the applicant's responsibility to request required inspections a minimum of twenty four (24) hours in advance at (425) 775-5440.

_____ ... Issuance of a permit does not in any way replace, modify or waive any requirement for the compliance of the proposal with other applicable standards or regulations. It is the responsibility of the owner / applicant to become aware of the requirements of the Brier Municipal Code (BMC). The approval of any plans does not guarantee that all provisions of applicable codes have been met.

_____ ... This permit applies only to the property for which it is approved and is non-transferable.

_____ ... An application may be amended only in writing.

_____ ... Submittal of this application grants city officials the right of entry to the project site during reasonable hours.

_____ ... Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.

_____ ... One original set of City-approved plans and the issued permit shall be on site at all times. Removal, mutilation or concealment of the permit before final approval is punishable by law.

_____ ... By submitting this application, I consent to pay additional inspection costs, if any, and any fees incurred for engineering or outside consultant review.

Signature of Owner/Agent: _____ Date: _____

Please Print Name: _____

FOR CITY USE ONLY			
Received By:		Receive Date:	Deposit Amount: \$
Receipt No.:			
Subtotal	Permit Type	Fees and Charges	
\$	Demolition	<input type="checkbox"/> Application Fee: \$150 <input type="checkbox"/> Sewer Capping Fee: \$150	
\$	House Moving	<input type="checkbox"/> Application Fee: \$300 <input type="checkbox"/> Pre-Move Inspection Fee: \$130	
\$	Land Disturbing Activity	<input type="checkbox"/> Plan Review Fee: \$ <input type="checkbox"/> Permit Fee: \$	
\$	Right-of-Way	<input type="checkbox"/> Use – Fee per Resolution \$ <input type="checkbox"/> Vacation – Review Deposit: \$1,000	
\$	Sanitary Sewer	<input type="checkbox"/> Side Sewer: \$250 <input type="checkbox"/> Lot Size (SF): <input type="checkbox"/> Area Charge: <input type="checkbox"/> Connection Fee (Brier): \$1,500 <input type="checkbox"/> Connection Fee (AWWD):	
\$	Stormwater	<input type="checkbox"/> Facility: \$750 <input type="checkbox"/> Connection: \$1,500 <input type="checkbox"/> See Building Permit	
\$	Stormwater Discharge	<input type="checkbox"/> Single-Family: \$100 <input type="checkbox"/> All Other Uses: \$300	
\$	Telecommunications	<input type="checkbox"/> Franchise or ROW Use Authorization Deposit: \$2,000	
\$	Telecomm. ROW Use	<input type="checkbox"/> Use – Fee per Resolution \$	
\$	Tree Removal	<input type="checkbox"/> Major – \$225 + \$25/Tree: \$ <input type="checkbox"/> Minor – \$37.50 + \$25/Tree: \$	
\$	Street Cleaning Deposit	<input type="checkbox"/> Standard: \$250 <input type="checkbox"/> Other: \$	
Total Fees: \$		Issued By:	Issue Date:
Amount Due: \$		Receipt No.:	
		Expiration from Issuance (Days): <input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> W/ Permit:	
Financial Guarantees Required			
<input type="checkbox"/> Erosion Control: \$		<input type="checkbox"/> Other: \$	
<input type="checkbox"/> Protection: \$		<input type="checkbox"/> Performance: \$	
		<input type="checkbox"/> Maintenance: \$	



FOR CITY USE ONLY

Public Works Approval:	Date:
Building Approval:	Date:
Planning Approval:	Date:

PRE-INSPECTION REPORT

<input type="checkbox"/> Electric Disconnected	<input type="checkbox"/> Sewer Capped
<input type="checkbox"/> Gas Disconnected	<input type="checkbox"/> Stormwater Capped
<input type="checkbox"/> Telecommunications (Cable / Phone) Disconnected	<input type="checkbox"/> Water Disconnected

Inspection Comments:

Approved By: _____ Date: _____

FINAL INSPECTION REPORT

<input type="checkbox"/> All Debris Removed	<input type="checkbox"/> Erosion Control in Place
<input type="checkbox"/> Footings and Foundation Walls Removed	<input type="checkbox"/> Sidewalk Clean and Safe
<input type="checkbox"/> Existing Grade Restored	<input type="checkbox"/> Street Clean and Safe

Inspection Comments:

Approved By: _____ Date: _____