

NAME OF APPLICANT / CONTRACTOR		
MAILING ADDRESS		
CONTRACTORS LICENSE #	PROJECT ADDRESS	
PROPERTY OWNER NAME / ADDRESS		
PROJECT CONTACT NAME / PHONE #		
TYPE OF PROJECT: RESIDENTIAL	☐ COMMERCIAL ☐ ADDITION	☐ ACCESSORY STRUCTURE
DESCRIPTION OF PROJECTAttach	additional description, scope of work and/or pla	ns if needed
ARCHITECT NAME/ADDRESS		
ENGINEER NAME/ADDRESS NOTICE: All plans must be stamped by a re-	gistered design professional in responsible charg	e when required.
AREA/VOLUME ZONE	ESTIMATED PROJECT COS	ST
work is suspended or abandoned for a period of 180 days application and know the same to be true and correct. Al whether specified herein or not. The granting of a permit local law regulating construction or the performance of c	I provisions of laws and ordinances governing the does not presume to give authority to violate or construction. Ilication and the permit fee listed below is in add lumbing or mechanical permits related to this permits related to the permit of the permi	certify that I have read and examined this als type of work will be complied with cancel the provisions of any other state or ition to any applications, plans or building rmit. All fees relating to the County Permit
SIGNATURE OF APPLICANT OR AUT	HORIZED AGENT	DATE
OFFICE USE ONLY - DO NOT WRITE BELOW LINE		
Critical Area Ordinance Reviewed	Shoreline Master Program Reviewed	SEPA Reviewed
Use/Design Standards Reviewed	Setback Requirements Reviewed	Other
Water/Sewer Connection Fee (if applicable)	PAID	REC.#
Planning Dept. Approval	Date	
Public Works Dept. Approval	Date	
DI AN DERMIT EEE	* DAID	DEC #

Date _____

^{*} This fee does not include any outside consulting fees or other review fees required by actions relating to land use, environmental or other reviews that may be required by the City. Approval and fees are due prior to issuance of this permit and forwarding to Skamania County for review.