



**NEW SINGLE-FAMILY RESIDENCE
PERMIT APPLICATION**
510-B Pioneer Street/PO Box 608
Ridgefield, WA 98642
Tel: (360)887-3908
Fax: (360)887-2507
www.ridgefieldwa.us

OFFICE USE ONLY

PERMIT NUMBER

PROJECT NUMBER

CONTACT INFORMATION

PROPERTY OWNER:

Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature or a letter of authorization from the owner required)

APPLICANT:

Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature required)

CONTRACTOR:

Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Contractor's License #: _____ Exp. Date: _____

City of Ridgefield Business License #: _____ Exp. Date: _____

Signature: _____

(Original signature required)

CERTIFIED EROSION CONTROL PERSON: _____

PROPERTY INFORMATION (REQUIRED)

Site Address: _____

Subdivision: _____ Phase: _____ Lot: _____ Parcel #: _____

Type of construction: _____ Occupancy use: _____

If attached dwelling, please list the lot numbers or indicate N/A: _____

Housing: _____ Sq. Ft. **Covered Patio/Deck (Side/Rear):** _____ Sq. Ft. **Covered Front Porch:** _____ Sq. Ft.
Garage: _____ Sq. Ft. **Attached Decks:** _____ Sq. Ft.

1st Floor: _____ Sq. Ft. **2nd Floor:** _____ Sq. Ft. **Other Finished Area:** _____ Sq. Ft.
Unfinished Basement: _____ Sq. Ft.

TOTAL PROPOSED FINISHED AREA _____ Sq. Ft.

Number of bathrooms: _____ **Number of bedrooms:** _____

Utilities: Public Water/meter size _____ Private Well Public Sewer Septic System PUD Water

Type of Heat: Electric Gas Other: _____ Number of Heating Stoves _____

LPG Tank(s): Yes No Gallon Capacity: _____

Residential Fire Sprinklers: Yes No

FEES: Plan check fees must be paid prior to review. Please make checks payable to City of Ridgefield.

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.

Signature of Owner/Authorized Agent _____ Date _____

(Original signature required)