



WAHKIAKUM COUNTY

Building and Planning Department

Charles J. Beyer, Building and Planning Manager
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Cathlamet WA 98612
Phone: (360) 795-3067, Fax (360) 795-0342

BUILDING PERMIT APPLICATION

Date Received _____ Permit Issued _____

Permit No. _____ Permit Fee _____

OWNER/APPLICANT INFORMATION

Applicant/Autorized Agent _____ Day Time Phone _____

Mailing Address _____

Property Owner _____ Day Time Phone _____

Mailing Address _____

Contractor Name _____ License No. _____ Exp. Date _____

Mailing Address _____

PROPERTY INFORMATION

Project Address _____

Parcel Number _____

PROJECT INFORMATION

Please Check Application Type:

Building Permit Mechanical Permit Plumbing Permit

Type of Construction _____ Sq. Ft. _____ # of Stories _____ # of Bedrooms _____

Water Supply _____ Sewage Disposal _____ Type of Heat _____ Fair Mkt Value _____

Is there any grading, filling, or excavation associated with this project? _____ Quantity (cubic yards) _____

PLEASE PROVIDE A BASIC DESCRIPTION OF THE PROPOSED PROJECT

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit of approval may be revoked.

Applicant's Signature _____ Date _____