



WAHKIAKUM COUNTY

Building and Planning Department

David W Hicks, Building Inspector / Planner

Manufactured Home/Mobile Application

Date Received: _____

Permit Fee: \$156.50

Permit Number: _____

Property Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____

Business Phone: (____) _____

DIRECTIONS: Please complete numbers 1 through 7 to the best of your ability.

1. Site Address: _____ City: _____

2. Type of Occupancy: _____ Parcel No.: _____

3. Total number of bedrooms: _____ Sq. Ft.: _____

4. Water Supply: _____ Sewage Disposal: _____ Type of Heat: _____

5. Manufacturer: _____ Model Name or #: _____

State License Number: _____ Year of House: _____

6. Installer: _____ Phone #: (____) _____

Address: _____

WAINS #: _____

7. Project Value: _____

Applicant's Signature _____

Date _____

64 Main Street, P. O. Box 97

Cathlamet, Washington 98612

(360)795-3067 phone

(360)795-0342 fax

H:\Admin Assist\Forms\Building Forms\Building Permit Manufactured Home\ Mobile Home Application updated 8-4-23

For Office use only: Open scan: _____ Completed scan: _____ Imported: _____ Indexed: _____