



**City of Washougal**  
 Permit Center  
 211 39<sup>th</sup> Street  
 Washougal, WA 98671  
 360-835-8501

**CHANGE OF USE  
 OCCUPANCY INSPECTION  
 CERTIFICATE OF OCCUPANCY**

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Project location: \_\_\_\_\_ Tax lot #: \_\_\_\_\_

Description of proposed use:

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Previous use (if known)

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**Building owner/licensed contractor are responsible for applying and obtaining any permits needed for structure modification.**

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**Official Use Only**

		Occupancy Group	Type of Construction
Previous use			
Proposed use			

**Authorizations**

**Date**

<b>Building Official Approval:</b>	
<b>Fire Marshal Approval:</b>	

***I/we certify that the above information is correct and that the construction on, and the occupancy and use of the above described property will be in accordance with the laws, rules, and regulations of the State of Washington and the City of Washougal.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_