



Commercial or Multi-Family Permit Application

City of Washougal
Community Development
1701 C Street
Washougal, WA 98671
Phone: (360) 835-8501 | www.cityofwashougal.us

DEPARTMENT USE ONLY	
Date Received:	Receipt #:
Permit #:	

TYPE OF WORK			
Commercial		Multi-Family	
DESCRIPTION OF WORK			
JOB SITE LOCATION			
Project Address or Tax ID:			
Subdivision:		Lot #	
PROPERTY OWNER		APPLICANT	
Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:	Email:	Phone:	Email:
CONTRACTOR			
Business Name:			
Address:			
City, State, Zip:			
Phone:		Email:	
WA State Contractor's License #			
NEW SQUARE FOOTAGE/VALUATION			
New Building Square Footage:		Tenant Improvement Square Footage:	
Number of Units:		Type of Construction:	
Occupancy Type:		*Valuation:	
<i>*Permit fees are based on materials and labor of work performed.</i>			
TYPE OF UTILITY			
Water:	City	Other:	
Sewer:	City	Other:	
REQUIRED SIGNATURES			
<i>I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Washougal staff may enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.</i>			
Owner's Signature:		Date:	
Applicant's Signature:		Date:	