



# Permit/Plan Review Application

Community Development Department ♦ 1525 Broadway, P.O. Box 128 ♦ Longview, WA 98632 ♦ 360.442.5086/Fax 360.442.5953

**All Applicable Blanks Must Be Filled In. Use INK OR TYPE - Do NOT use pencil!**

## PROPERTY INFORMATION

Project Address:	Suite #	Parcel #:
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## APPLICANT INFORMATION

Applicant/Authorized Agent:	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone: ( )	Cell/Alternate Phone: ( )		

## OWNER INFORMATION

Property Owner(s):	Daytime Phone: ( )		
Mailing Address:	City:	State:	Zip:

## CONTRACTOR INFORMATION

Contractor (If owner, please state):	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone: ( )	Cell/Alternate Phone: ( )		
City Business License #	State Contractor License #	Exp. Date:	

## TYPE OF PERMIT - Check the type or types of permits you are applying for:

Check applicable box below:	Check applicable box(es) below:	Check applicable box(es) below:
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> Building	<input type="checkbox"/> FIRE/LIFE SAFETY
<input type="checkbox"/> COMMERCIAL/MULTI-FAMILY	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fire Sprinkler
	<input type="checkbox"/> Plumbing # fixtures _____	<input type="checkbox"/> Fire Alarm
	<input type="checkbox"/> Mechanical # fixtures _____	<input type="checkbox"/> Other

## DETAILED PROJECT DESCRIPTION – You must state if requesting a *plan review only*.


Will any work be done in the public right-of-way	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# sets of plans submitted:
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## PROJECT INFORMATION

Valuation of Complete Project (Pre- Tax) \$	Square Footage:	Number of Stories:
Amount of Cubic Yards of Grading/Filling Associated with Project:		# New/added Parking Spaces:
Existing Amount (sq ft) of Impervious Surface:	New Amount:	Total Amount:

**I hereby certify that I have read and examined this application and know the same to be true, accurate and complete under penalty of perjury by the laws of the State of Washington.**

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_