



Permit/Plan Review Application

Building/Plumbing/Mechanical/Electrical/Fire Life Safety

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 #:
------------------	---------	-----------

APPLICANT INFORMATION (info for person signing application)

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

PROJECT PROPERTY OWNER INFORMATION

Property Owner:	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone: ()	Cell/Alternate Phone:		

CONTRACTOR INFORMATION OR OWNER AS CONTRACTOR—Note licensed contractor's info or state if owner is to do work.

Contractor's Name or Owner:		Email Address:	
Mailing Address:		City:	State: Zip:
Daytime Phone: ()		Cell/Alternate Phone: ()	
City Business License #	UBI#	State Contractor License #	Exp. Date:

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

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> Building | <input type="checkbox"/> FIRE/LIFE SAFETY |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> Electrical * | <input type="checkbox"/> Fire Sprinkler |
| | <input type="checkbox"/> Plumbing # fixtures _____ | <input type="checkbox"/> Fire Alarm |
| | <input type="checkbox"/> Mechanical # of units _____ | <input type="checkbox"/> Other |

*The electrical permit can be issued only to the person doing the electrical work.

DETAILED DESCRIPTION OF PROJECT (Details/specifics about what you want to build, plumb, wire, install, etc.)

Water Provided By: City of LV _____ PUD _____ Other _____	Sewage Disposal: City of LV _____ BHSD _____ Septic _____
Will any work be done in the public right-of-way: (circle one) YES NO	# sets of plans submitted: _____

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.

APPLICANT'S SIGNATURE _____	PRINTED NAME _____	DATE _____
------------------------------------	---------------------------	-------------------