



**CITY OF RIDGEFIELD**

City Hall  
230 Pioneer Street  
PO Box 608  
Ridgefield, WA 98642  
Tel: (360) 887-3557  
Fax: (360) 887-0861  
[www.ci.ridgefield.wa.us](http://www.ci.ridgefield.wa.us)

<i>OFFICE USE ONLY</i>	
FILE #:	_____
FILE NAME:	_____
RECEIVED BY:	_____
FEE PAID:	_____ CHECK/CASH: _____
DATE SUBMITTED:	_____

# CHANGE OF OCCUPANCY APPLICATION

## APPLICATION INFORMATION (REQUIRED)

**APPLICANT:**  Use mailing address for meeting notification.  Check box if Primary Contact

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(CITY, STATE, ZIP) \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

*(Original Signature Required)*

**PROPERTY OWNER(S):**  Attach separate sheet if needed.  Check box if Primary Contact

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(CITY, STATE, ZIP) \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## PROPERTY INFORMATION (REQUIRED)

SITE ADDRESS: \_\_\_\_\_

ASSESSOR'S MAP & TAX LOT # \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

\_\_\_\_\_



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### SUBMITTAL CHECKLIST

- A. APPLICATION FORM.** Provide **one (1) completed** application form with original signature(s).
  
- D. \$100.00 APPLICATION FEE,** as established by the City Council. Make checks payable to the City of Ridgefield.