



**RESIDENTIAL REMODEL
PERMIT APPLICATION**
510-B Pioneer Street/PO Box 608
Ridgefield, WA 98642
Tel: 360.887.3908
Fax: 360.887.2507
www.ridgefieldwa.us

OFFICE USE ONLY

PERMIT NUMBER

**THIS APPLICATION PROVIDES THE OPPORTUNITY TO COMBINE MULTIPLE REVIEWS
WITHIN ONE PERMIT FOR A STREAMLINED PROCESS.**

Please check all applicable reviews you are applying for with this permit application:

<u>ADDITIONAL REVIEWS WITH THIS APPLICATION</u>	<u>REQUIREMENTS</u>	<u>INCLUDED WITH SUBMITTALS</u>
Mechanical	OPTIONAL	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	OPTIONAL	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. CONTACT INFORMATION:

APPLICANT:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

PROPERTY OWNER:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____
(Signature or a letter of authorization from the owner required)

CONTRACTOR:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Contractor's License #: _____ Expiration Date: _____

City Business License #: _____ Expiration Date: _____

Signature: _____

Contractor's License #: _____ Expiration Date: _____

City Business License #: _____ Expiration Date: _____

PLUMBING FIXTURES☐ Check box if N/A

Please indicate quantity of each

	Alternative Water
	Area Drain
	Aspirator
	Bar Sink
	Bathroom Tub
	Commercial Coffee Maker
	Car Wash Sump
	Dental Sink
	Dishwasher
	Drain Field
	Drinking Fountain
	Floor Drain
	Floor Sink
	Fountain Drain

	Garbage Disposal
	Gas Pipe System
	Glass Fill Station
	Glass Washer
	Grease Trap
	Hose Bibs
	Ice Machine
	Kitchen Sink
	Pressure Reducing Valve
	Processing Equipment Drain
	Refrigerator Drain
	Roof Drain
	Service Sink

	Shower
	Sump Pump
	Swimming Pool
	Toilet
	Trailer Trap
	Urinal
	Wash Tray
	Washing Machine
	Water Connection
	Water Heater (Electric)
	Water Heater (Gas)
	Water Softener
	X-Ray Tank
	Other

MECHANICAL FIXTURES☐ Check box if N/A

Please indicate quantity of each

	Air Handler <10,000 CFM
	Air Handler >10,000 CFM
	Appliance Ventilation
	Boiler or Compressor ≤3 HP
	Boiler or Comp. 4-15 HP
	Boiler or Comp. 16-30 HP
	Boiler or Comp. 31-50 HP
	Boiler or Comp. >50 HP
	Cooling Unit
	Ducts
	Evaporative Cooler
	Furnace Floor
	Furnace ≤100,000 BTU
	Furnace >100,000 BTU

	Gas Piping
	Heat Pump/ AC 0-3 Tons
	Heat Pump/ AC 3-15 Tons
	Heat Pump/ AC 15-30 Tons
	Heat Pump / AC 30-50 Tons
	Heat Pump / AC >50 Tons
	Heater
	Repair, alteration or addition to appliance, refrigeration unit etc...
	Stove (Insert)
	Stove (Free Standing)
	Vent Fan with Duct
	Vent Hood with Mech. Exhaust
	Ventilation System
	Other

Utilities:☐ Public Water/meter size _____ ☐ Private Well☐ Public Sewer ☐ Septic SystemType of Heat: ☐ Electric ☐ Gas ☐ Other: _____

B. SITE INFORMATION:

PROPERTY INFORMATION

Site Address: _____

Subdivision, Phase, & Lot: _____ Parcel #: _____

EXISTING SQUARE FOOTAGES

CURRENT SQUARE FOOTAGE OF HOUSE AND GARAGE COMBINED: _____ Sq. Ft

Housing _____ Sq. Ft. **Garage** _____ Sq. Ft.

OTHER FINISHED _____ Sq. Ft. **Unfinished Basement** _____ Sq. Ft.

Number of bathrooms: _____ **Number of bedrooms:** _____

C. BUILDING PERMIT INFORMATION

Description of proposed Remodel: _____

ARE THERE ANY EXTERIOR MODIFICATIONS PROPOSED AS PART OF THIS REMODEL? ☐ Yes ☐ No

If yes, briefly describe: _____

AFTER REMODEL, IF SQUARE FOOTAGE OF HOUSE AND GARAGE IS CHANGING, PLEASE INDICATE BELOW, OTHERWISE CHECK THE BOX FOR NOT APPLICABLE,

☐ Check box if N/A

Housing _____ Sq. Ft. **Garage** _____ Sq. Ft.

OTHER FINISHED _____ Sq. Ft. **Unfinished Basement** _____ Sq. Ft.

Number of bathrooms: _____ **Number of bedrooms:** _____

D. SUBMITTAL INFORMATION

- ☐ **1. CHECKLIST:** Provide one (1) copy of this completed submittal checklist.
- ☐ **2. COMPLETE SET OF LEGIBLE PLANS** – Architectural (and Structural, if applicable): For plans to be accepted they must be drawn to $\frac{1}{4}" = 1'$, showing conformance to local and state building laws. Structural details and connections must be submitted with plans or a separate full-size sheet attached to the plans with cross references between plan location and details if home was constructed by an engineer. The detail sheets from the Engineer of Record shall be attached as required.
- ☐ **3. ASBESTOS REPORT:** A report is required if there is demolition included in the project. The asbestos report must state there are no asbestos present.
- ☐ **4. NARRATIVE:** Submit a written narrative that describes the proposed project.
- ☐ **5. MECHANICAL AND PLUMBING:** For mechanical and plumbing work on a residential remodel, submittal of plans are required as part of this permit application
- ☐ **6. ENERGY CODE FORMS,** as applicable to the proposal

FEES: Plan check fees must be paid prior to review. Payment can be paid on the [permit portal](#) via credit card or e-check or make check payable to City of Ridgefield.

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, and filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.

Signature of Owner/Authorized Agent

Date

Print Owner's or Authorized Agent's Name