



**RESIDENTIAL
ACCESSORY STRUCTURE
PERMIT APPLICATION**

510-B Pioneer Street/PO Box 608

Ridgefield, WA 98642

Tel: (360)887-3557

Fax: (360)887-0861

www.ridgefieldwa.us

OFFICE USE ONLY

PERMIT NUMBER

CONTACT INFORMATION

PROPERTY OWNER:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature or a letter of authorization from the owner required)

APPLICANT:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature required)

CONTRACTOR:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Contractor's License #: _____ Exp. Date: _____

City of Ridgefield Business License #: _____ Exp. Date: _____

Signature: _____

(Original signature required)

CERTIFIED EROSION CONTROL PERSON: _____

PROPERTY INFORMATION (REQUIRED)

Site Address: _____

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

DESCRIPTION OF PROPOSED WORK

Type(s) of construction: Occupancy use(s):

_____ Type: _____ Sq. Ft. _____

_____ Type: _____ Sq. Ft. _____

Total Value of Proposed Work \$ _____

Utilities: ☐ Public Water/meter size _____ ☐ Private Well ☐ Public Sewer ☐ Septic System

Type of Heat ☐ Electric ☐ Gas ☐ Other: _____

SUBMITTAL CHECKLIST

☐ **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 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. PLOT PLAN:**

Identify Property Features:

Show and label all existing structures including dimensions

North arrow

Lot and subdivision name and/or tax lot and parcel number

Property lines and dimensions

Identify Proposed Structures and features:

Erosion Control Plan

Dimension, footprint, and roofline of proposed structure

Elevations at four corners of structure in addition to property corners

Setback from closest point of structure to property lines, edge of easement, right of ways, water marks/ways, features, and buffers

☐ **4. ASBESTOS REPORT:** A report is required if there is demolition included in the project. The asbestos report must state there are no asbestos present, if applicable.

☐ **5. NARRATIVE:** Submit a written narrative that describes the proposed project.

☐ **6. SEPARATE MECHANICAL AND PLUMBING:** For mechanical and plumbing work on a residential remodel, separate permits will be required.

- ☐ **7. FEES:** Fees must be paid at the time of application. Please make checks 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 _____

(Original signature required)