



CITY OF RIDGEFIELD

230 Pioneer Street / P.O. Box 608
Ridgefield, WA 98642
Tel: (360) 887-3557
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.