



**COMMERCIAL FOUNDATION
ONLY PERMIT**

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

A. CONTACT INFORMATION:

APPLICANT:

Check box if primary contact

Contact Name: _____

Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature required)

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: _____

(Original signature required)

CERTIFIED EROSION CONTROL PERSON: _____

PROPERTY INFORMATION (REQUIRED)

Site Address: _____

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

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

_____ Type: _____ Sq. Ft. _____

_____ Type: _____ Sq. Ft. _____

_____ Type: _____ Sq. Ft. _____

Modular Structure Other: _____

SUBMITTAL CHECKLIST

1. **Narrative:** A written narrative that describes the proposed project
2. **Site Plan:**
 - a. **Location of the new structures and existing buildings or structures**
 - b. **All property lines with dimensions**
 - c. **All streets, easements and setbacks**
 - d. **All water, sewer, hydrants, and electrical points of connection**
 - e. **Proposed service routes**
 - f. **Existing utilities**
 - g. **Required parking, drainage, and grading design**

- 3. **Foundation Plan**
- 4. **Complete Building Plans**
- 5. **Plumbing Permit: May require a separate plumbing permit if there is a water connection**

FEES: Plan check fees must be paid prior to review. Payment can be paid via permit portal or make check payable to City of Ridgefield. There maybe additional fees related to outside consultant review. These fees will be applied to the permit with payment due at the time of permit issuance.

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, an 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