



**MASTER ENGINEERING APPLICATION**

230 Pioneer Street/PO Box 608  
Ridgefield, WA 98642

Tel: (360)887-3557

Fax: (360)887-0861

[www.ridgefieldwa.us](http://www.ridgefieldwa.us)

OFFICE USE ONLY

PERMIT NUMBER

\_\_\_\_\_

**CONTACT INFORMATION**

APPLICANT:  Check box if primary contact

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

(Original signature required)

APPLICANT'S REPRESENTATIVE:  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: \_\_\_\_\_

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

## PROJECT INFORMATION

Site Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Assessor's Serial Number: \_\_\_\_\_

Lot Size (square feet): \_\_\_\_\_

Estimated Project Start Date: \_\_\_\_\_

Estimated Project End Date: \_\_\_\_\_

Summary of Project: