



**NEW SINGLE-FAMILY RESIDENCE  
PERMIT APPLICATION**

510-B Pioneer Street/PO Box 608  
Ridgefield, WA 98642

Tel: (360)887-3908

Fax: (360)887-2507

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

OFFICE USE ONLY

PERMIT NUMBER

PROJECT 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 #: \_\_\_\_\_

Type of construction: \_\_\_\_\_ Occupancy use: \_\_\_\_\_

If attached dwelling, please list the lot numbers or indicate N/A: \_\_\_\_\_

**Housing:** \_\_\_\_\_ Sq. Ft. **Covered Patio/Deck (Side/Rear):** \_\_\_\_\_ Sq. Ft. **Covered Front Porch:** \_\_\_\_\_ Sq. Ft.

**Garage:** \_\_\_\_\_ Sq. Ft. **Attached Decks:** \_\_\_\_\_ Sq. Ft.

**1<sup>st</sup> Floor:** \_\_\_\_\_ Sq. Ft. **2<sup>nd</sup> Floor:** \_\_\_\_\_ Sq. Ft. **Other Finished Area:** \_\_\_\_\_ Sq. Ft.

**Unfinished Basement:** \_\_\_\_\_ Sq. Ft.

**TOTAL PROPOSED FINISHED AREA** \_\_\_\_\_ Sq. Ft.

**Number of bathrooms:** \_\_\_\_\_ **Number of bedrooms:** \_\_\_\_\_

Utilities: Public Water/meter size \_\_\_\_\_ Private Well Public Sewer Septic System PUD Water

Type of Heat:  Electric  Gas  Other: \_\_\_\_\_ Number of Heating Stoves \_\_\_\_\_

LPG Tank(s): Yes No Gallon Capacity: \_\_\_\_\_

Residential Fire Sprinklers: Yes No

**FEES:** Plan check fees must be paid prior to review. 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, 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 \_\_\_\_\_

(Original signature required)