



CITY OF RIDGEFIELD

City Hall
 230 Pioneer Street
 Ridgefield, WA 98642
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 Fax: (360) 887-0861
www.ci.ridgefield.wa.us

CONSTRUCTION PERMIT APPLICATION

APPLICATION INFORMATION AS APPLICABLE

OWNER(S): Check box if Contact

NAME: _____

ADDRESS: _____

(CITY, STATE, ZIP) _____

PHONE: _____

APPLICANT: Check box if Contact

NAME: _____

ADDRESS: _____

(CITY, STATE, ZIP) _____

PHONE: _____

CERTIFIED EROSION CONTROL PERSON: _____

DESCRIPTION OF WORK: _____

PROPERTY INFORMATION (REQUIRED)

SITE ADDRESS: _____

SUBDIVISION & LOT: _____

ASSESSOR'S MAP & TAX LOT #: _____

ZONING DISTRICT: _____

PERMIT TYPE:	<input type="checkbox"/> BUILDING	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> OTHER
APPLICATION TYPE:	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL		
	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> TENANT IMPROVEMENT		
VALUE OF PROPOSED WORK \$		VALUE OF EXISTING BUILDING \$		
TYPE(S) OF CONSTRUCTION:		OCCUPANCY USE(S):		
		TYPE: _____ .SQFT _____.		
		TYPE: _____ .SQFT _____.		
		TYPE: _____ .SQFT _____.		
UTILITIES:	<input type="checkbox"/> Public Water/Meter Size _____ <input type="checkbox"/> Private Well <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System			
TYPE OF HEAT:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other			

INDICATE IN SQUARE FOOTAGE PROPOSED FLOOR AREA:

FINISHED _____ SQ.FT. UNFINISHED _____ SQ.FT.	EXISTING _____ SQ.FT.
DECKS/COVT. PATIO _____ SQ.FT. GARAGE _____ SQ.FT.	PROPOSED _____ SQ.FT.
_____ NUMBER OF BATHROOMS	

PLUMBING FIXTURE COUNT (indicate number of each):

Bath Tub	Dishwasher	Ice Machine	Area Drain
Lavatory	Water Softener	Glass Fill St.	Roof Drain
Shower	Auto Washer	Gas Pipe System	Refrig. Drain
Water Closet	Elec. Water Htr.	Gas Water Heater	Proc. Equip. Drain
Kitchen Sink	Lawn Sprinkler	Swimming Pool	Sewer Conn.
Service Sink	Alter Water	Coffee Maker	Septic Tank
Grease Trap	Alter Waste	Drinking Fount.	Dry Well
Wash Tray	Relay Sewer	Dental Lav.	Drin Field
Urinal	Car Wash Sump	Floor Drain	Garb. Disp. Unit
Sump Pump	Bar Sink	Floor Sink	Dental Chair
Trailer Trap	Glass Washer	Aspirator	X-ray Tank
Fountain Drain	Water Connection	Other	TOTAL

MECHANICAL FIXTURE COUNT (indicate number of each):

Furnace > 1000k BTU	Conversion Brner	Boiler or Compr. < 3hp	Air Hand.<10,000CFM
Furnace < 1000k BTU	Heater	Boilr.or Comp. 3-15hp	Air Hand.>10,000CFM
Cooling unit	Vent no appl.	Boilr.or Comp.15-30hp	Evap. Cooler
Hood w/mech. exhaust	Vent Fan w/duct	Boilr. or Compr. >50hp	Ventilation System
Gas Piping	Comm. Incin.	Other	TOTAL

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