



Permit/Plan Review Application

Community Development Department ♦ 1525 Broadway, P.O. Box 128 ♦ Longview, WA 98632 ♦ 360.442.5086/Fax 360.442.5953

All Applicable Blanks Must Be Filled In. Use INK OR TYPE – Do NOT use pencil!

PROPERTY INFORMATION

Project Address:	Suite #	Parcel #:
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APPLICANT INFORMATION

Applicant/Authorized Agent:	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone: ()	Cell/Alternate Phone:		

OWNER INFORMATION

Property Owner:	Daytime Phone: ()		
Mailing Address:	City:	State:	Zip:

CONTRACTOR INFORMATION

Contractor (If owner, please state):	Email Address:		
Mailing Address:	City:	State:	Zip:
Daytime Phone: ()	Cell/Alternate Phone: ()		
City Business License #	State Contractor License #	Exp. Date:	

TYPE OF PERMIT - Check the type or types of permits you are applying for:

- | | | |
|--|--|---|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> Building | <input type="checkbox"/> FIRE/LIFE SAFETY |
| <input type="checkbox"/> COMMERCIAL/MULTI-FAMILY | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fire Sprinkler |
| | <input type="checkbox"/> Plumbing # fixtures _____ | <input type="checkbox"/> Fire Alarm |
| | <input type="checkbox"/> Mechanical # fixtures _____ | <input type="checkbox"/> Other |

DETAILED PROJECT DESCRIPTION – You must state if requesting a plan review only.

Water Provided By: City of LV____ PUD____ Other____			Sewage Disposal: City of LV____ BHSD____ Septic____		
Will any work be done in the public right-of-way: (circle one)		YES	NO	# sets of plans submitted: _____	

PROJECT INFORMATION

Valuation of Complete Project (Pre- Tax) \$	Square Footage:	Number of Stories:
Amount of Cubic Yards of Grading/Filling Associated with Project:		# New/added Parking Spaces:
Existing Amount (sq ft) of Impervious Surface:	New Amount:	Total Amount:

I hereby certify that I have read and examined this application and know the same to be true, accurate and complete under penalty of perjury by the laws of the State of Washington.

SIGNATURE _____ PRINTED NAME _____ DATE _____