KELSO ENDER City of Building Pe	<i>Kelso</i> ermit Application	FOR OFFICE USE ONLY
Permit #:	Zoning:	RV:
Questions and applications can be directed to the following:	Building and Planning 203 S. Pacific Ave., Suite 208 Kelso, WA 98626	360.423.9922 (office) 360.423.6591 (fax) building@kelso.gov (email)
PROJECT SITE INFORMATION Address/Location:	Parcel #:	
PROPERTY OWNER		
Business Name:	Contact Name	
Mailing/Billing Address:	City:	State: Zip:
Phone:	Email:	
APPLICANT (If different from propert Business Name:	ty owner listed above) Contact Name	
Mailing/Billing Address:	City:	State: Zip:
Phone:	Email:	
CONTRACTOR Business Name:	Contact Name:	
Mailing/Billing Address:	City:	State: Zip:
Phone:	Email:	
WA State License # (Not UBI#):		Expiration Date:
City of Kelso Business License # (Permit cannot be iss	sued until one is obtained):	Expiration Date:
DETAILED PROJECT DESCRIPTION	Ν	
PERMIT INFORMATION – CHECK . Building Type:		
$\Box$ Residential $\Box$ Comme	rcial Total Project Valuation (Fair Market Value Labor -	+ Materials):
□ Addition sq. ft □ Garage sq. ft □ Shed sq. ft □ Carport/Patio Cover sq. ft		mprovement sq. ft   sq. ft sq. ft   sq. ft sq. ft   lential squares: #   mercial bid price: \$
*Supplemental/checklist forms n	may be available. Demolition, Sign, Plumbing, and Mechan	nical permits are issued separately.
Critical Areas on the Site – Please Check All That App	<sup>ply:</sup> Slopes U Wetlands U Streams	□ Shorelines
PROPERTY OWNER OR AUTHOR	RIZED AGENT	
I hereby certify that I have read and examine for this permit.	ned this application and know the same to be true	ue and correct, and I am authorized to apply
Signature:	Printed Name:	Date: