

City of Kelso Building Permit Application

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) <u>building@kelso.gov</u> (email)		
PROJECT SITE INFORMA Address/Location:	TION		Parcel #:			
PROPERTY OWNER						
Business Name:			Contact Name			
Mailing/Billing Address:		City:	City:		State:	Zip:
Phone:		Email:	Email:			
APPLICANT (If different fr Business Name:	om property owner	listed above) Contact Na	ime			
Mailing/Billing Address:			City:		State:	Zip:
Phone:	Email:	Email:				
CONTRACTOR Business Name:		Contact Na	Contact Name:			
Mailing/Billing Address:	City:	City:		State:	Zip:	
Phone:		Email:	Email:			
WA State License # (L & I #):			Expiration Da		e:	
City of Kelso Business License # (Permit cannot be issued until one is obtained):			Expiration Date:			
DETAILED PROJECT DES	SCRIPTION					
PERMIT INFORMATION	- CHECK ALL TH					
Building Type: Residential			Total Project Valuation (Fair Market Value Labor + Materials):			
	•	□ Rem □ Mfg. □ Foun □ Re-R □ Re-R □ Fire/	 Remodel/Tenant Improvement sq. ft Mfg. Home sq. ft Foundation Only sq. ft Re-Roof Residential squares: # Re-Roof Commercial bid price: \$ Fire/Life Safety # Sprinkler heads Pipe Size on, Sign, Plumbing, and Mechanical permits are issued separately. 			
Critical Areas on the Site – Please Check All That Apply:						
PROPERTY OWNER OR I hereby certify that I have read for this permit. Signature:			e same to be tru	ue and correct,		uthorized to apply

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