



# CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd.  
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(360) 397-8428 • Fax (360) 397-8084

For Office Use Only:

## DEVELOPMENT REVIEW APPLICATION

ALL FEES ARE NON-REFUNDABLE; FEES MAY BE CHANGED WITHOUT NOTICE BY BOARD OF HEALTH

ID # \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

Directions to site:  
(from nearest arterial) \_\_\_\_\_

Property dimensions \_\_\_\_\_

Tax Serial #(s) \_\_\_\_\_ • \_\_\_\_\_ Legal description: Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twn. \_\_\_\_\_ Range \_\_\_\_\_

Development Type: Short Plat (# of lots \_\_\_\_\_); Subdivision (# of lots \_\_\_\_\_); Conditional Use Permit \_\_\_\_\_;  
Site Plan Review \_\_\_\_\_; Other (specify) \_\_\_\_\_

County/City File #s \_\_\_\_\_

Existing Water Supply: Municipal \_\_\_\_\_; Community well (# homes served \_\_\_\_\_); Individual well \_\_\_\_\_; Supply owner \_\_\_\_\_

Proposed Water Supply: Municipal \_\_\_\_\_; Community well (# homes served \_\_\_\_\_); Individual well \_\_\_\_\_; Supply owner \_\_\_\_\_

Existing Sewage System: Public Sewer \_\_\_\_\_; (Purveyor \_\_\_\_\_); Individual \_\_\_\_\_; Other \_\_\_\_\_

Proposed Sewage System: Public Sewer \_\_\_\_\_; (Purveyor \_\_\_\_\_); Individual \_\_\_\_\_; Other \_\_\_\_\_

Land Use: Current use: \_\_\_\_\_

Historical uses of this property (for example, dairy farm, landfill, gas station, etc.): \_\_\_\_\_

Present Property owner/s: \_\_\_\_\_

Past owners, names on existing septic permits, etc. (if known): \_\_\_\_\_

**I VERIFY THAT ALL INFORMATION SUBMITTED BY ME IS ACCURATE :**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: Applicant's signature grants Clark County Public Health permission to enter the site and non-residential buildings.

### \*\*HEALTH DEPARTMENT USE ONLY\*\*

Fee: \_\_\_\_\_ AR#: \_\_\_\_\_ INV #: \_\_\_\_\_ SR#: \_\_\_\_\_

Application Packet Received by \_\_\_\_\_ Date \_\_\_\_\_

EHS site visit date(s): \_\_\_\_\_ by \_\_\_\_\_