Commercial Building Permit Application

Revised 08/13/2010

Permit Number: _____

Shell: _____

proud past, promising future

CLARK COUNTY WASHINGTON

Applicant Name:	Applicant Phone:	Applicant E-Mail:
Applicant Fax:	Applicant Address:	
Contact Person:	Contact Phone:	Contact Email:
Contact Fax:	Contact Address:	
Owner Name:	Owner Phone:	Owner Address:
Contractor/Builder Name:	Contractor Phone:	
Contractor License Number	Certified Erosion Control Person	Erosion Control Person Contact Phone:
Site Plan Review/Final Site Plan Number	Project Name:	
Current Zone:_____ Use Table:_____	Project Valuation:	
Describe Proposal & Use:		

Application Type:
- ☐ New Building
- ☐ Shell Only
- ☐ Tenant Improvement
- ☐ Portable Structure
- ☐ Addition
- ☐ Interior Only
- ☐ Landlord Improvement
- ☐ Other: _____

Utilities:
- ☐ Septic
- ☐ Sewer (District)_____
- ☐ Well
- ☐ Water District_____

Restaurant use:
Current Seating_____
Proposed Seating_____

Existing Sq Ftg:_____
Proposed:_____
1st Story:_____
2nd Story:_____
Additional:_____
Carport:_____
Garage:_____
Deck/Porch:_____

Is there an elevator Y/N

Do you need other permits? (Separate Application Required)
- ☐ Mechanical (furnace, gas piping, woodstove, heat pump)
- ☐ Plumbing (water service, moving fixtures, lawn sprinklers)
- ☐ Signs
- ☐ Retaining Walls
- ☐ Trash Enclosures
- ☐ Out Buildings

Type of Heat:
- ☐ Electric
- ☐ Natural Gas
- ☐ Other

# of Buildings:_____
# of Units: _____
#of Stories: _____
- ☐ Basement Finished
- ☐ Basement Unfinished

Previous Tenant:	Proposed Use:
Name of Tenant / Business or Project Name:	
Property Address and Suite Number:	Parcel Number:
Will proposal affect existing parking or access?	

A free two-hour consultation with plans examiners is available prior to submitting your commercial building plans. Contact Lou Malattia at (360)397-2375 extension 4086 for an appointment.

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Applicant/Authorized Signature Date