

City of Kelso

Building Permit Application

Zoning: RV: Permit #: **Building and Planning** Questions and applications can be 360.423.9922 (office) directed to the following: 203 S. Pacific Ave., Suite 208 360.423.6591 (fax) Kelso, WA 98626 building@kelso.gov (email) PROJECT SITE INFORMATION Address/Location: Parcel #: PROPERTY OWNER Business Name: Contact Name Mailing/Billing Address: City: State: Email: APPLICANT (If different from property owner listed above) **Business Name:** Contact Name Mailing/Billing Address: City: State: Zip: Phone: Email: CONTRACTOR Contact Name: Mailing/Billing Address: Zip: City: State: Phone: Email: WA State License # (Not UBI#): Expiration Date: City of Kelso Business License # (Permit cannot be issued until one is obtained): Expiration Date: DETAILED PROJECT DESCRIPTION PERMIT INFORMATION - CHECK ALL THAT APPLY Total Project Valuation ☐ Residential ☐ Commercial (Fair Market Value Labor + Materials): Project details*: ☐ New Construction sq. ft. _____ ☐ Remodel/Tenant Improvement sq. ft. _____ ☐ Addition sq. ft. _____ ☐ Mfg. Home sq. ft. _____ ☐ Garage sq. ft. _____ ☐ Foundation Only sq. ft. _____ ☐ Shed sq. ft. _____ ☐ Re-Roof Residential squares: ☐ Carport/Patio Cover sq. ft. _____ ☐ Re-Roof Commercial bid price: \$ ☐ Deck/Ramp sq. ft. _____ ☐ Fire/Life Safety *Supplemental/checklist forms may be available. Demolition, Sign, Plumbing, and Mechanical permits are issued separately. Critical Areas on the Site – Please Check All That Apply: ☐ Slopes ☐ Wetlands ☐ Streams ☐ Shorelines PROPERTY OWNER OR AUTHORIZED AGENT I hereby certify that I have read and examined this application and know the same to be true and correct, and I am authorized to apply for this permit. Printed Name: Signature: Date:

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