



MASTER APPLICATION

Project Address _____ City _____ ZIP _____

Parcel # _____ Acres _____ Description of Project _____

Area of Existing Structure(s) _____ Sq. Ft. Area of New Structure(s) _____ Sq. Ft.

Estimated Market Value of Project (Building Materials, Plus Labor) \$ _____

Property Owner _____

Full Mailing Address _____

Daytime Phone Number _____ Email _____

Applicant (If NOT the property owner) _____

Full Mailing Address _____

Daytime Telephone _____ Email _____

Contractor Name _____ License # _____

I hereby certify that I am the owner or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.

Print Name _____ Signature _____ Date _____

***Planning Division Authorization (COMPLETE THIS SECTION IF YOU ARE NOT THE PROPERTY OWNER)**

I _____ (property owner) hereby certify that I am the owner of the property located at _____ (address or parcel number).

I certify that this application for a Planning Permit or Application is true and correct.

I have authorized _____ to represent me as the applicant / agent. Further, I agree to allow free access to the land this application is being submitted for to all public agencies with jurisdiction. If any of the information provided in this Planning application is incorrect, the approval may be revoked.

Applicant/ Agent Signature _____ Date _____

Property Owner Signature _____ Date _____

Cowlitz County Building & Planning Department - 207 Fourth Avenue North, Room 100, Kelso, WA 98626 - Phone: (360) 577-3052, FAX: (360) 414-5550
Open Monday-Thursday 7:00 am-6:00 pm - We accept cash, checks, credit/debit cards, except Amex - No payments received after 5:30 pm

| Initial | Date | Type | Permit # |
|---------|------|------|----------|
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