



APPLICATION

A-1

Applicant: Please print in ink or type. A Permit Technician will review this application at intake for completeness.

Property Information

Project Address _____ City _____ Parcel # _____
Section(s) _____ Township _____ Range _____ Tax Lot _____ Acres _____

Owner/Applicant Information

Applicant/Authorized Agent _____

Mailing Address _____ City _____ State _____ Zip Code _____

Daytime Telephone _____ Email Address _____

Property Owner _____

Mailing Address _____ City _____ State _____ Zip Code _____

Daytime Telephone _____ Email Address _____

Contractor Name _____ License # _____ Exp. Date _____ Telephone _____

Lending/Bonding Co. _____ Address _____ Telephone _____

Project Description

Please provide a brief description of your project:

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.

Applicant's Signature _____ **Date** _____

Print Name _____

OFFICE USE ONLY

Application Type _____ Date _____

Permit Number _____ Accepted By _____

Cowlitz County Health Department-EHU, 207 Fourth Avenue North, Kelso, WA 98626, PHONE (360) 414-5599, FAX (360) 425-7531.
For more information, please contact a Permit Technician. Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm