



**SKAMANIA COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT**

BUILDING/FIRE MARSHAL • ENVIRONMENTAL HEALTH • PLANNING

SKAMANIA COUNTY COURTHOUSE ANNEX

POST OFFICE BOX 790

STEVENSON, WASHINGTON 98648

Phone: 509-427-3900 Inspections: 509-427-3922 Fax: 866-266-1534

CHANGE OF USE APPLICATION

SITE & PERMITTEE INFORMATION:

DATE: _____

Owner Name _____

Job Site Address _____

Mailing Address _____

Home Phone _____

City/State/Zip _____

Work Phone _____

Parcel Number _____

Message Phone _____

Lendor's Name
(Bank or Mortgage
Co.) _____

Lendor's Phone
Number _____

CONTRACTOR INFORMATION:

Contractor _____

Contractor's
License# _____

Cell Phone _____

Business Phone _____

ADDITIONAL NEW CONSTRUCTION, INDICATE SQUARE FEET FOR EACH ITEM LISTED BELOW

Main Floor _____

Second Floor _____

Third Floor _____

Basement _____

Garage _____

DESCRIPTION OF PROJECT

SKAMANIA COUNTY COMMUNITY DEVELOPMENT APPROVALS FOR:

Septic _____

Water _____

PLEASE LIST HOW MANY OF THE FOLLOWING:

Mechanical:		Plumbing:	
Forced Air Furnace/Under 100,000 BTU	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>
Forced Air Furnace/Over 100,000 BTU	<input type="checkbox"/>	Bathtub/Bathtub Shower Combo	<input type="checkbox"/>
Wall Space Heater & Vents	<input type="checkbox"/>	Lavatory (Wash Basin)	<input type="checkbox"/>
Unit Heater (Gas)	<input type="checkbox"/>	Shower	<input type="checkbox"/>
Range Hood	<input type="checkbox"/>	Kitchen Sink & Disposal	<input type="checkbox"/>
Ventilation Fan	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>
Unclassified Gas Appliance	<input type="checkbox"/>	Laundry Tray	<input type="checkbox"/>
Gas Piping (up to 4 outlets)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>
Gas Piping (5 or more)	<input type="checkbox"/>	Urinal	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>
Solid Fuel Burning Appl (Wood or Pellet Stove)	<input type="checkbox"/>	Water Piping & Treating Equipment	<input type="checkbox"/>
Other	<input type="checkbox"/>	Floor Sink or Drain	<input type="checkbox"/>
		Other	<input type="checkbox"/>

This application/permit is null & void if the work or construction is not commenced within 180 days, or if the work or construction is suspended or abandoned for 180 days of anytime after work is commenced, or if work is not completed within two years from date of issue.

All work shall be done in accord with the approved plans, except such approval is in conflict with other codes. The approved plans shall not be changed or modified without the prior approval of the Building Official.

It is the owners/contractors responsibility to comply with all applicable laws, codes and regulation. SKAMANIA COUNTY makes no assurances or guarantees that the site, lot, soil, grade or other conditions are suitable for the proposed project. Please be advised that, due to the instability of mountainous areas, SKAMANIA COUNTY makes no assurance as to the suitability of any lot or parcel for building purposes.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH. WHETHER SPECIFIED OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

I, _____, _____
Owner Name (Please Print) **Owner Signature**
 as shown by their signature hereto, designates _____,
Please Print Name of Agent
 to act as their agent as to all issues having to do with the building permit at:
 _____, _____, _____
Physical Address of Project **City** **State**

Date